STATE OF MARYLAND

FOR - STATE

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			
1. DE	THASED NAME	FIRST .		MIDDLE	(ASI	20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR	
OF TYPE	OR PRINCIPL	France	es	B.	Ac	tie	December 1	1986,	450	4 M
3. SEX	(4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24	HRS MIN.
	Female		Blac	k	Jul		68 YRS	MOINTAS DATS	HOURS	MIN.
	RTHPLACE (ST.		76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
,	Wash.	,DC	USA		WIDOWE		Montgomery			MD.
10. CI	TY OR TOWN C	F DE ATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS	
5	S.S.		113	Beaumon	t Ro	ad	(TYTEDSWORGS WEST OF WORKING LI	HEN INTROPE	ired	
15U/	AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE			In expect appear and con-		MAG	11
130. 3	Md.		ont.	13c CITY OR TOWN	N	13d INSIDE CITY LIMITS?	113 Beaumon	Road	070	4
14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	AME			
	James	I	MIDDLE	Buchan	an	Idafirst	MIDDLES TEVE	rson las	76	
16a V	VAS DECEASED	EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT S	ame as TES			
	I/A	VN) (IF TES, G	WE WAR OR DATES	578 22	4599		e Powell (Daugh	nter)		
NOI	Conditions, it gove rise to couse (a), underlying	f ony, which immediate stoting the cause last.	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUE	NCE OF	ty alesea	MOSSICAL MOSSICAL	VEN IN PART 1(1	a	
CERTIFICATION	190 DATE OF C	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	CERTI	S, WERE FINDIN FYING CAUSES ES		
MEDICAL CER	OR CONTRIBUTION (IF EITHER NOI) 21d. INJURY OF WHITE Saw the d Oboug. II 21d. Say the d Oboug. II	NOT WHITE AND WORK IN THE COURT OF THE COURT	ATH P. 21e PLACE (AT HOME, STI	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F. e deceased from after death.	19 ARM, ETC } (10-24)	211 LOCATION STREET 19 Ind that in ((O) (our) opinion DEGREE ATTENDING	CITY OR TOWN to 2 - 4 - 5 G death occurred on the date and how MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY 19	SIGNED	e) lost
	Dı	c.Charl	les L.	Frankli:	n	11120 New	Hampshire Ave	e.S.S.1	Md.	

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. with the State Dept. af Health and Mental Hygiene pria

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE

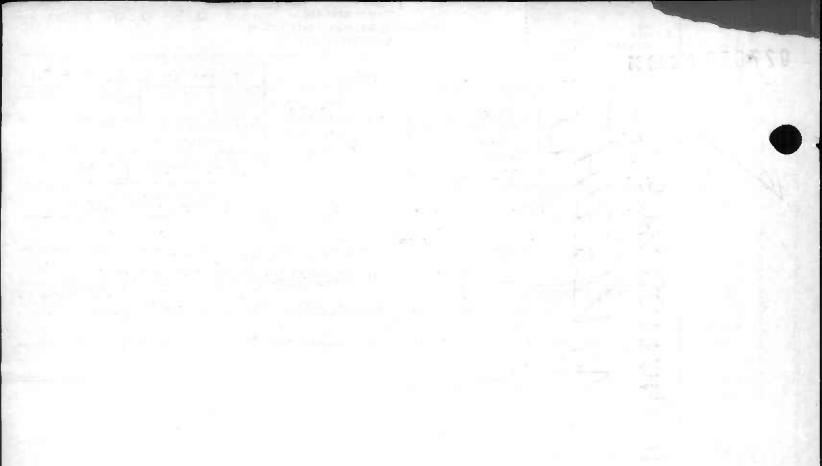
23c NAME OF CEMETERY OR CREMATORY 12/19/86

23d LOCATION CITY OR TOWN

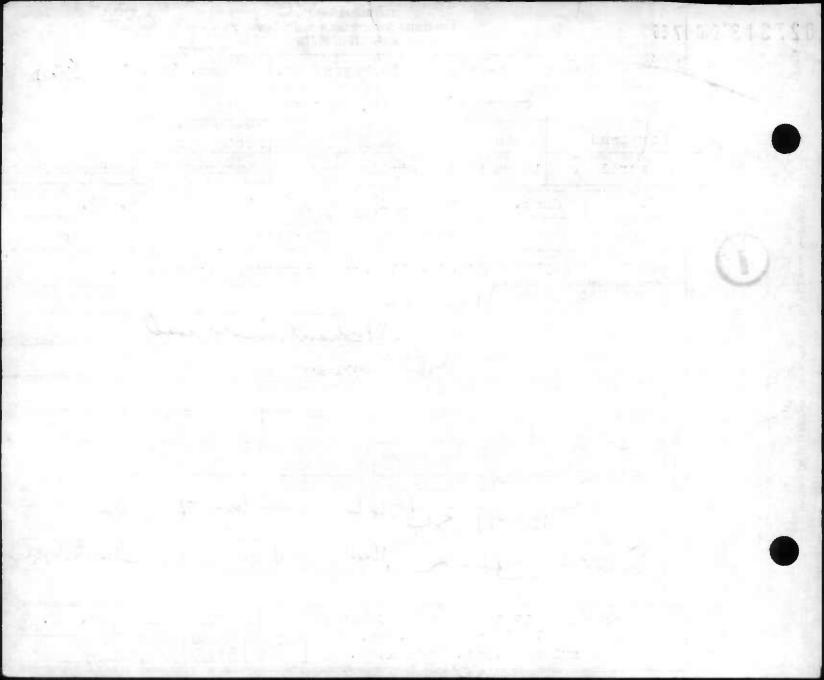
COUNTY Mď.

Burial 12/19/86 Maryland National Thines/Rinaldi 11800 New Amamp. Ave. S. S. Md. DFC 4. Laurel PC

D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC dia Dordson P.



13 DEC	7	FOR STATE REGISTRAR		DEPARTI	MENT OF H	EALTH AND MENTAL H ICATE OF DEATH	YGIENE	REG. N	0.	3) -
25, 4		Josep	h Le	eiter		cheson, Sr		Dec.	7th,	1986	SHOUR SOON
	1.5€	Male	Cauc	asian	5. DATE C	n. 23 1898		(IN YEARS LAST BIR		IF UNDER 1 YE	
Sahoura die		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DEVER MARRIED [ntgome	R COUNTY	OF DEATH	MD
The first	10 C	Ty or town of DEATH Laure1		HOSPITAL, NURSIN	NG HOME C	ROTHER INSTITUTION		TAPUDO LAUGUSTE BENEFITS			of Business OR Setraine
and	USU 13a.	AL RESIDENCE (# NURSING HON STATE 13b C	MONT .	Burtons	Vill	H34 INSIDE CITY HMITS:	? 13457	66 ABRESS	dy Sp	or. R	2.086
13/30	14. F/	Rößert	MIDDLE	Aitch	neson	IS MOTHER'S MAIDEN I		MIDDLE		В	ürton
Pages 1 st	16e V	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (# XEE	ARMED FORCES? GNE WAR OR DATES)	228-26-		Jane Cart	wrig			_	Stable H
physica papers mount ic event	Г	IB CAUSE OF DEATH (Enter	er anly ane cause pe USED BY: DIATE CAUSE (a)		idici.i					BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
in signed by the hen plasse remi to burial, cremity or oth	NO	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL D	ISEASE OR CON	DITION GIV	EN IN PART	1(0)
permit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	IN CERTIF		DINGS USED ES OF DEATH? NO
orining meal thys	10000	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FOEATH HOUR A	OF INJURY I.M. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (EN	ITER NATURE OF INJU	RY IN ITEM 18, P.	ART I OR PART)
After this the buri the and Mi	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
for use at of Heat		220 I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di	an	9	- / L	d that in (my) (aur) apini	ian death o	ccurred an the d	ate and hou	r and from 1	, that (I) (we) last he causes stated
State Dept division of a		MATURE MA PHYSICIAN'S NAME (I	2 mline	2	, V	ATTENDING PHYSICIAN		ICAL STA		Zt DA	TE SONED
Mith the	L										
ρ		BURIAL CREMATION, REMO SPECHY) BUTIAL UNERAL DIRECTOR		0/86 Uni		emetery or cremator		urtons			
PHMH-16 25M PRA 15, 4) 1/79		leck Funera				1270. C		5 1986	1 .		- Randars.



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	771	9
1		CEASED NAME FIRST ONA	WIDDLE		rechtiene	December 9	1986	9:45 A
	3. SE)	Female	4 RACE Caucasian	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 85		IF UNDER 24 HRS HOURS MIN.
7	G	RTHPLACE (STATE OR FOREIGN EQUINTRY) PLIMANY	136. CITIZEN OF WHAT CO Lithuanian Rep	MARRIEI WIDOWE		Montgomery		MD.
	Ke	nsington		give street address)		120 USUAL OCCUPATION (IXPE OF WORK FOR MOST OF WORKIN DOMESTIC WOTE	IZB KIND C INDUSTRY	DF BUSINESS OR
2	130. S Ma		NTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS? YES NO	13; STREET ADDRESS / ZID CO	Št.	20895
2		THER'S NAME FIRST George	MIDDLE Kwai		15. MOTHER'S MAIDEN NA Ann	WIDDLE	Doel	vrin.
1		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	- 32 - 2024	Maria Klemas	194 Ber Lansdow	kely Ave. ne. Pa.	19050 IMATE INTERVAL ONSET AND DEATH
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	ED BY: ITE CAUSE (o) DUE TO, OR AS A CO (c)	onsequence of Moseouence of Moseouence of	the Mal	Lynguicy AINAL DISEASE OR CONDITION	8 62 91	north morth
7	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MO P.M.	NTH DAY YEAR	21¢ HOW INJURY OCCUR	200 AUTOPSY? 20b. IF IN CE YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDI RTIFYING CAUSES YES	NGS USED 6 OF DEATH? NO []
7	MEC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not be soon to be soo	of view the body offer dec	ed from 97 1986, or	211 LOCATION STREET 10 , 19 80 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the	SIGNED Le 1886
	24 F	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Dec.12, 19 cis J. Colli	86 Gate of	EMETERY OR CREMATORY Heaven Ceme	23d LOCATION CITY OF TOWN TE REC'D. BY REGISTRAR 25B REC	ing Mont	zomery Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

retained by the hospital or attending physician.

BP

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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ED A DTMEN	TOF	ME	ALTH	AMD	MENTAL	

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	oto	FOR STATE OC REGISTRAR		DEPARTA		ICATE OF DEATH	GIENE REG. 1	١٥.		
		CEASED NAME FIRST		WIODIE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
2	7	Minni	P		A1	Kou)		12	12 86	6A M
K	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHOAY)	IF UNDER 1 YEAR	
1	1	Female	Cauca	asian	oct.	14, 1903	83	YRS.	MONTHS DAYS	HOURS MIN.
9	7a. 81	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY		TY OF DEATH	
	ì	New York	USA		WIDOWE	D NEVER MARRIED (Montgon	nervi	Count	V MD.
1	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND C	F BUSINESS OR
2	B	ethesda	Subu	rban H	os oi t	af	Homemake		LIFE) INDUSTRY	
1	130 S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71D COI	ne -	
,		Maryland Mon				YES X NO				20852
1		ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME			
	1	Nathan	MIDDLE	Bernst	ein	Rose	WIDDE		(unk	nown)
7		WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Rock	₹11€	, Mary	
		No	VE WAR OR DATES	114-03-5	097D	Ruth Kreis				
	ION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUE	AC NCE OF S	AVENTOS CLEN SUFFE NECE NOT RELATED TO THE TERM	WINAL DISEASE OR COM	VOITION G	3 d care ye	ms .
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO 🔽	IN CERT	ES, WERE FINDING CAUSES	
	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hosp sow the deceased alive or above, (I) (1) 22b. SIGNATURE	HOUR A. P. 21e. PLACE (AT HOME STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F e deceased from	ARM, ETC)	21f. LOCATION STREET 21f. LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING	CITY OR T	OWN AFF	COUNTY	state that (I) (see) last couses stated
		22d. PHYSICIAN JAME CLYPE C	OR PRINT) Se	ger, m	5)	PHYSICIAN 22e ADDRESS SILVER	O CAME SPRIM	FON	DIRE 20	ET
		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		Burial				ebanon Ceme	etery Gler			York
		UNERAL DIRECTOR	F	Rockvill	e, M	aryland 350 DA	TE REC'D. BY REGISTRA	R 25b. REGIS	STRAR'S SIGNAT	URE
	Dar	nzansky-Goldber	g Chape	ls: 1170	Rocky	ille Dikalle	IN MAD /	100 5	40	2.00

STATE OF MARYLAND

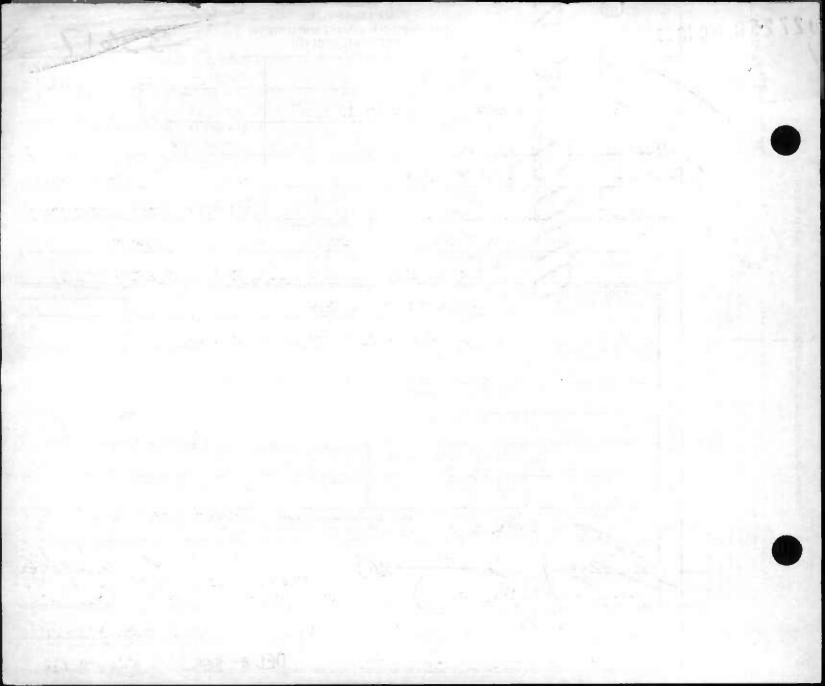
35617 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		TUPEEN	I ELIZA	BETH ALLE	EN		20 DATE OF DEATH NOVEMBER	28 1086	YEAR	1.15			
1, 5E			. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT						
1	FEMALE	C	CAUCASI	AN	APRI	L 18 1924 YEAR	62	YRS.	ITHS DAYS	HOURS			
70. BI	IRTHPLACE (STATE OR F	OREIGN 71	b. CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY O		FDEATH				
KA	NSAS	7.0	NITED	STATES	WIDOWE	DIVORCED	MONTGOMER	Y					
F .	ITY OR TOWN OF DEA	TH T		HOSPÎTAT, NURSIN TH FACILITY, GIVE STREET L HOSPIT <i>A</i>		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF BROKER		INDUSTRY				
13a. S	AL RESIDENCE (IF NURSI STATE RGTNTA	PARTLEN	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOW ART. TNCTO	M	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 3511 NORTH	ZIP CODE THIRD	0	1499			
14. FA	ATHER'S NAME		IDDLE	IAST.	414	15. MOTHER'S MAIDEN NA	ME						
ED	GAR FIRST	MI	CO:	PELAND		SUSAN	MIDDLE	BROGE		·Τ			
	WAS DECEASED EVER		ED FORCES?	16b. SOCIAL SECL	JRITY NO.	17. INFORMANT	ADDRE	SS					
	NO	(IF TES, GIVE Y	WAR OR DATES	228 14 2	2552	ITMMV C AIT	EN 3511 NOR	TH THIR	D STR	EET			
	18 CAUSE OF DEATH	H (Enter only	one couse per	line far (o), (b), an	nd (c).)		- E-IV						
	PART I. DEATH W.	AS CAUSED IMMEDIATE		CARDIOPUL	MONAR	Y ARREST							
7	couse (o), stafing underlying cause PART 2. OTHER SIGN	last.	(c)	R AS A CONSEQUI		NOT RELATED TO THE TERM	NNAL DISEASE OR CONE	OITION GIVEN	IF UNDER 1 YEAR IF UNDER 24 HRS. INDITION BOOK IN THE INDITION				
ICATION	underlying cause	g the last.	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CONE	20b. IF YES, W	VERE FINDIN	NGS USED			
RTIFICATION	PART 2. OTHER SIGN	g the last. VIFICANT CO	(c)	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	GS USED OF DEATH?			
CAL CERTIFICATION	underlying cause PART 2. OTHER SIGN	g the last. VIFICANT CO	19b. COND 21b. TIME C HOUR A.	ONTRIBUTING TO	DEATH BUT		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	GS USED OF DEATH?			
MEDICAL CERTIFICATION	UNDERLYING COUSE PART 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE WHILE WHILE WHILE AT WORK	g the last. VIFICANT CO	(c)	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY RET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	21¢ HOW INJURY OCCURI	200 AUTOPSY? YES NOTER NATURE OF THURE OF THUR	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES 1 OR PART 2)	NGS USED OF DEATH? NO			
6	UNDERLYING COUSE PART 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORE NOT WAT AT WORE AT WORE 270.1 certify that (1)	g the last. VIFICANT CO	(c)	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	21¢ HOW INJURY OCCURI	200 AUTOPSY? YES NOTER NATURE OF THE CHITY OR TO. 10 NOVEMBET	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO			
6	Underlying cause PART 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORE AT WORE 270.1 certify that (I)	g the last. VIFICANT CO	(c)	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.) OCTOB	216 HOW INJURY OCCURION STREET ER 10 19-86 and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTER NATURE OF TRIUE CITY OR TOX ANOVEMBET death occurred an the do MEDICAL STAF DIRECTOR PHYSIC	206. IF YES, WIN CERTIFYIN YES [VIN ITEM 18 PART	COUNTY 86 nd from the	NGS USED OF DEATH? NO STAT that (I) (we) causes state			
6	Underlying cause PART 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORE AT WORE 270.1 certify that (I)	g the last. JIFICANT CO	ONDITIONS CONDITIONS C	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, P. de deceased from	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.) OCTOB	216 HOW INJURY OCCURION STREET ER 10 19 86 and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [Te ADDRESS NAVAL	200 AUTOPSY? YES NOTERNATURE OF INJURE CITY OR TOV TO NOVEMBER death occurred an the do MEDICAL STAF DIRECTOR PHYSIC HOSPITAL, NA	206. IF YES, WIN CERTIFYIN YES [VIN ITEM 18 PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY 86 and from the 22c. DATE	NGS USED OF DEATH? NO stat that (I) (we) causes state SIGNED COMMA			
WEDICAL MEDICAL	UNDERLYING COUSE PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	g the last. VIFICANT CO	ONDITIONS CONDITIONS C	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F. The deceased from	DEATH BUT OPERATION AY YEAR 19 PARM, ETC.) OCTOB: 86 or	216 HOW INJURY OCCURION STREET ER 10 19-86 and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	Z00 AUTOPSY? YES NOTE NOTE CITY OR TOWN 10 NOVEMBER death occurred an the do MEDICAL STAF DIRECTOR PHYSIC HOSPITAL, NA ITAL REGION 123d LOCATION	206. IF YES, WIN CERTIFYIN YES [Y IN ITEM 18 PART WN R. 28. 19. the and haur at FIAN AVAL ME BETHES	COUNTY 86 and from the 22c, DATE DICAL DA, MD	STATE COMMA. 2081			
WEDICAL MEDICAL	Underlying cause PART 2. OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK 270.1 Certify that (1) 120.5 SIGNATURE BURIAL, CREMITION, (SPECIFY) BURIAL	g the last. VIFICANT CO RION DERLYING [] AUSE OF DEATH AL EXAMINER) RED (this haspita dive on the last of the last on the last of the last on the	ONDITIONS CONDITIONS C	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F OF INJURY BE deceased from	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.) OCTOB: 86 or	216 HOW INJURY OCCURION 216 LOCATION STREET ER 10 19 86 and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [THE ADDRESS NAVAL NATIONAL CAP: EMETERY OR CREMATORY TON National	200 AUTOPSY? YES NOTER NATURE OF THURE ANOVEMBER death occurred an the do MEDICAL STAF DIRECTOR PHYSIC HOSPITAL, NA ITAL REGION, 23d. LOCATION CITY OR TOWN L1 Ar1	TOB. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART VIN ITEM 18 PAR	COUNTY 86 and from the 22c. DATE DICAL DA, MD OUNTY	STAI that (I) (we causes state COMMA 2081			
WEDICAL MEDICAL	UNDERLYING COUSE PART 2. OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER NOTIFF MEDIC 21d INJURY OCCURR WHILE NOTIFF MEDIC 270.1 Certify that (I) ON THE SIGNATURE 170.5 SIGNATURE BURIAL, CREMITION, (SPECIFY)	g the last. JIFICANT CO	In the condition of the	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, P REE	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.) OCTOB: 86 . or	216 HOW INJURY OCCURION 216 LOCATION 217 LOCATION STREET ER 10 19 86 ad that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [THE ADDRESS NAVAL NATIONAL CAP EMETERY OR CREMATORY TON Nationa 256. DAT	ZOO AUTOPSY? YES NOTER NATURE OF TRIURE LENIER NATURE OF TRIURE LITY OR TOX AMEDICAL STAF DIRECTOR PHYSIC HOSPITAL, NA ITAL REGION 23d. LOCATION CITY OR TOWN 11 Arl E REC'D. BY REGISTRAR	TOB. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART VIN ITEM 18 PAR	COUNTY 86 nd from the 22c. DATE DA, MD OUNTY 1. Vi R'S SIGNAT	STAIL			

DHMH - 16 60M 7/

(VRA 15, 4)

TO FUNERAL DIRECTOR.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be an around by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 mould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be med within 72 hours ofter death the bate Dept. of Health and Mental Hygene prior to burial, cremation, ar removal.
INPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be not lifted as access

FOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	1

026	6844	DEC	3	STATE SEGISTRAR			DE			ICATE OF DEATH	HYGIENE	8 O	10.	3 0	1
					FURST		MIDDLE		i.	AST	2a D	ATE OF DEATH		DAY YEAR	26 HOUR
V	be 3		(146	E OR PRINT) D A NTI	DALL		ADMOLD		ΔΤ	NDERSON	Di	CEMBED	1 10	06	9:32 AM
	poog de		3. SE			4 RACE	ARNOLD		5. DATE C			ECEMBER E (IN YEARS LAST BI	1, 19	IF UNDER 1 YEA	
	to.			MALE			TOP		MONTH	DAY YEAR	100			MONTHS DAY	HOURS MIN.
	og og	-	70 D	RTHPLACE (STATE OR FOR	51011		ITE OF WHAT COU		OCTO	BER 28, 195		31	YRS.	V OF DEATH	
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BALTIMORE, MARYLAND 212	rs. P	-		NO			443-5		-	MR. RICHA	RD A.	ANDERSO	DN FA		Number in the second
BA	cote	ovol.		PART I. DEATH WAS	Enter and	y ane cause BY:									DXIMATE INTERVAL N ONSET AND DEATH
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- N		ows	Ĕ								YES	ON K		ES CAUSI	S OF DEATH?
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01	175 /2	13-	23a.	BURIAL, CREMATION, RE		23b. DATE			WE OF C	METERY OR CREMATO	RY 23d	LOCATION			
49	BP/ 9	4		Removal		12-3	3-86	MOBI	LEY-D	ODSON F/H	S	AND SPR	INGS	COUNTY	OK
1 1	1 1	(a	24 F	UNERAL DIRECTOR M	arsh	all's	Funeral					BY REGISTRAR	25b. REGIS	TRAR'S SIGN	ATURE
	DHWH TO SE	M 7/84		uneral director M MAY 217 9 Washing	th t	freet	, Noow	DRESS		YE	COQ.	gui	proporte	son-Mana	A BEL

STATE OF MARYLAND

DEPARTME	NT	0F	HEA	\L	ГН	AND	MENTAL	HYGIENE
	CEI	RTI	FIC	A	TE	OF	DEATH	

FOR STATE REGISTRAR			EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO			
1. DECEASED NAME FIRST	WIDDLE	1	AST .	20. DATE OF DEATH		YEAR 2	26 HOUR
(TYPE OR PRANCE) William	·	Arc	now	December 17	. 1986	1	2:30am
3. SEX	4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTI	IDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
Male	Caucasian	OCt.	3. 1913 YEAR	73	YRS.	DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY2 8	NEVER MARRIED	9 BALTIMORE CITY OF		DEATH	
Pennsylvania	a USA	WIDOWE		Montgomery	County		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		R OTHER INSTITUTION	120 USUAL OCCUPATIO		b. KIND OF	BUSINESS OR
Olney	Montgomery		ospital	Self-Employ		Produc	ar.
ISUAL RESIDENCE (IF NURSING HOM 30. STATE 136 CC Maryland Mon	DUNTY 13c. CITY		13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS /	ZIP CODE	t 209	902
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N			LAST	
Louis	Aro		Reba	WIDDLE	ī	orfma	an
160 WAS DECEASED EVER IN U.S.	Cost with On Differ	TAL SECURITY NO.	17 INFORMANT	Brookev			
NO -	157	-18-0838	Larry Arono	w; 19421 Jame			
PART I. DEATH WAS CAL	DUE TO, OR AS A C	ONSEQUENCE OF	10 CAEDIA	R / N FAE	CTPON	30	ATE INTERVAL USET AND DEATH
PART 2 OTHER SIQUESCAN	(c)	/	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN	YES PART 119	
19a. ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED	DEATH HOUR A.M. MC	NTH DAY YEAR 19	21f LOCATION	RRED (ENTER NATURE OF INJUR		OR PART 2)	STATE
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	not view the boy ofter dec	19 8 6 or	DEGREE	death occurred on the do		Trom the co	suses stated

TO FUNERAL DIRECTOR: After this certificate has been signed by the attend should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr IMPORTANT: If Item 21 is BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial
24 FUNERAL DIRECTOR

22e ADDRESS

20832

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY

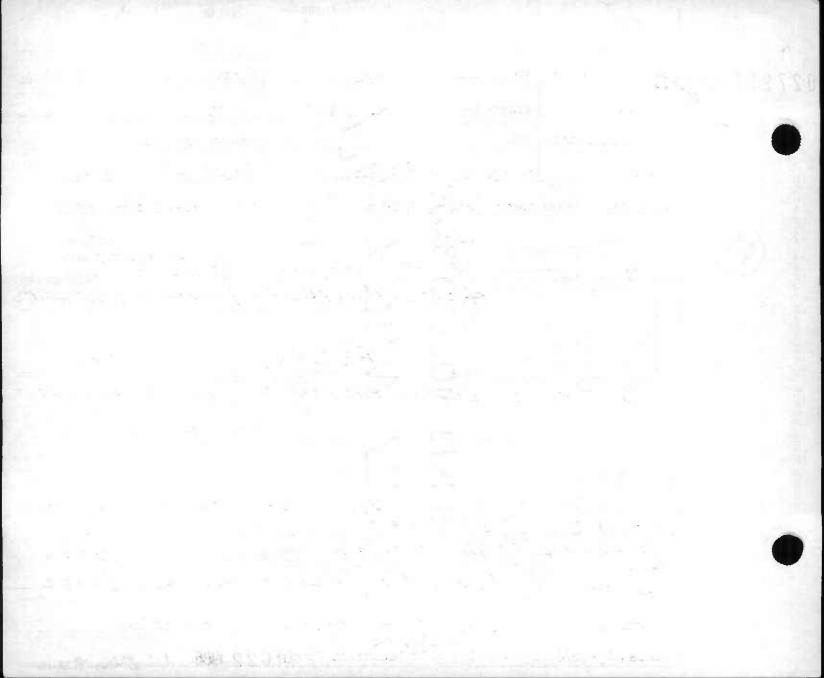
23d LOCATION CITY OR TOWN

REGISTRAR'S SIGNATURE

Burial Dec. 19, 1986 Judean Mem. Gardens

FUNERAL DIRECTOR ROCKVILLE, Maryland

Danzansky-Goldberg Chapels; 1170 Rockville Pikener 250. DATE REC'D.



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5 G-623 1/7/87 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME SIRST MIDDLE 20 DATE OF DEATH MONTH 2h HOUR TTYPE OR PRINTS JOSE PHINE AS HCRAFT 25 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 1 DAY 26, YEAR 9 6 IF UNDER 1 YEAR YRS tenale XXX 70. BIRTHPLACE I STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINITARY Montgomery County Pennsylvania WIDOWED IL CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Takoma Park Washington AdventistiHospital Homemaker own home ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 1134 INSIDE CITY LIMITS? Pr. George's Maryland 2800 Millstream Drive Bowie YES 📉 20715 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Donoughue Jospehine unk. unk 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Goldenhill Road YES NO OR UNKNOWN 577-20-9400A Cornwallville, New York Richard J. Ashcraft APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2016 IF YES. WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOT 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceded olive on obove (I) (we) (did did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c_DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN ORTANT 22d. PHYSICIAN'S MAME ITYPE OR PRINT 230. BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY DEC 27.1986 Metropolitan Crematory Alexandria, Fairfax. 16000 Annapolis Road Bowie MD 20715-304 DHMH - 16 60M 7/84 (VRA 15, 4) Reall Finers

Control Attachment a lyof a grood or Shipped Mack and (12 No. 1 of the Lot of the Lot of the Kord ALK CERTS CLEEK FRANCES CERTSCHE CERTS CHEEK WITH THE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban-papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.
IMPORTANT: If Hem 21 is marked at Item 14 shaws any injury, at other traumatic event, the medical examine must be halfield at other

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DEG NO

20 DATE OF DEATH MODIE LAST L	11:	STATE REGISTRAR		C	ERTIFIC	ATE OF DEATH	RE	G. NO.		
3. SEX 4. RACE Cauc. S. DATE OF BIRTH VIA MONTH PERMATE Cauc. NOVEMBER 29, 1899 76. CITIZEN OF WHAT COUNTRY? 887 78. COUNTRY WAS BITT ON WAS BALLIOPS			MID	DLE	LAST		20. DATE OF DEAT	H MONTH	DAY YEAR	26. HOUR
Female Cauc. S. DATE OF BIRTH MANNEY Female Cauc. S. DATE OF BIRTH MANNEY Female Cauc. S. DATE OF BIRTH MANNEY November 29, 1899 87 78. STEAT OF MOUSE DATE MANNEY OCHING TO THE STORY OF MANNEY MARKIED DATE OF OPERATH NOVEMBER 29, 1899 87 78. SATING TO THE STORY OF DEATH STATE STAND IT NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION WIDOWEDX DIVORCED IT NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (# NOT BY SUCH ACCIDIT, ONE STREET ADDRESS) IT SUBJACT COMMINISTRY MAL. MONTE DATE OF BIRTH MANNEY WIDOWEDX IT SATISFACTORY OF MANNEY IT SATISFACTORY OF MANNEY IT SATISFACTORY OF THE STREET ADDRESS IT SATISFACTORY OF MANNEY IT	1117	Alber	Ta -	_	175	sho	1	DOC.	14.1986	JAHK!
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10 BITHPLACE (STATE OR PORTION 12 COUNTY OF DEATH 12 COUNTY OF DEATH 13 COUNTY OR DEATH 14 COUNTY OR TOWN OF DEATH 15 MARRIED 16 WORKER OR OR OF DEATH 16 COUNTY OR TOWN OF DEATH 16 COUNTY OR TOWN OF DEATH 17 COUNTY OR TOWN OF DEATH 18 COUNTY OR TOWN OF DEATH 18 COUNTY OR TOWN OF DEATH 18 COUNTY OR SHEET ADDRESS 18 COUNTY 1	1	Female	Cauc.	N			87	VO		S HOURS MIN
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18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			VE WAR OR DATES)			7. INFORMANT			10 P	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS (SIBLE T	,		5	79-05-537	6A 1	Marie Warren	Gait	hersbu	irg. MD.	20878
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	MEC						CITY	OR TOWN	COUNTY	STATE
					1	01		7/14	9	
220.1 certify that (1) this hospital) attended the deceased from 19 00, ta 19 00, that (1) we) last			1 2 1 10/		7	19 01	, ta	4111	19.00	., that (1) we) lo
saw the deceses alive on 19 19 10 and that if (my) (aur) apinion death accurred an the date and haur and fram the causes stated above (D (we)) (did not) view the bady after death.			at) view the bady af	er death.	4.0		death accurred an t	he date and		
276. SIGNATURE DEGREE 271. DATE SIGNED		226. SIGNATURE	1 Prose		DE		WEDICAL.	CTAFF	22c. DA	TE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN /2-15-86		/- /m	of san			PHYSICIAN Z	DIRECTOR PH		12-	15-86
THE PHYSICIAN'S NAME TIPE OF PRINT) 226. ADDRESS		THE PHYSICIAN'S NAME THE	OR PRINT)	5/	-			. , ,		
1394 Ferrag Wheaton 20901 Hd		1019/	NOND 15A	y		3941 Fe	errang 1	Unea	m 209	01 Mg
236 BURIAL CREMATION REMOVAL 1736 DATE 1231 NAME OF CEMETERY OR CREMATORY 1734 LOCATION	23e.	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAA	AE OF CEA		23d LOCATION			
Dec. 17, 1986 Gate of Heaven Silver Spring, Mont., Md. State		Burial	Dec. 17	, 1986 Ga	te o	f Heaven	Silver	Spring	, Mont.	, Md. STATE
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE										
Francis H. Barber Laytonsville, Md. 20879 DEG 19 160 And December 1										

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site is that , relevanted at material in Figure ;

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

After this certificate has been signed by the at-

should be detached for use or with the Stute Dept. of Health TO FUNERAL DIRECTOR.

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT, If Ihem 22 is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

で 施GISTRAR		CERTIF	ICATE OF DEA	IH	REG. N	0.		
I DECEASED NAME FIRST	WIDDLE	Λ	AST .	21		MONTH DA	Y YEAR	26 HOUR
Kob	iert K.	Hus	tin			12//	186	GAM
3. SEX	4 RACE	5. DATE O			AGE (IN YEARS LAST BIR		ONTHS DATS	IF UNDER 24 HRS
MALE	WHITE	JAN		1925	61	YRS	JATS DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARI	PIED X 9	BALTIMORE CITY O	-		
FLORIDA	U.S.A	WIDOWE			MON	TGIMBA	24	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		R OTHER INSTITUT		OUSUAL OCCUPATION			OF BUSINESS OR
TAKOMA PARK	WASHINGTO	N ADVOY	IST HUSPI	TAL	ATTENDAN	T.	SERVIC	E STATIO
SUAL RESIDENCE (IF NURSING HOME O		OR TOWN	13d INSIDE CITY L	IMITS? 13	SESTREET ADDRESS	ZIP_CODE	1	20912
The second state of the second	NT TAK	one PARK	YES NO		7804 C	4RROLL	AUE	-110
IA FATHER'S NAME	MIDDIE	LAST	IS. MOTHER'S MA	AIDEN NAME	MIDDIE		IAS	ST
HAROLD	AU.	STIN	MAI	BEL			KE	CK
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	2 1	ADDRI		SPRINGER	FIELD. VA
VES W.	W.I 379	-26-0292	GLENN	C. HUS	TIN, 1217	GALGA		R
18. CAUSE OF DEATH (Enter of	only ane cause per line to to	i, (b), and (c)		_	•		BETWEEN	ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (a)	ute Kes	prormy	fails	re		48	hrs
	DUE TO, OR AS A CC	NSEQUENCE OF	,					
Canditians, if any, which	(1)		structive	Lung	Disease		10	yrs
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO			d				
underlying cause last.			bus.				40	400
PART 2. OTHER SIGNIFICANT			NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 1	0
No.								
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORME	D	20a AUTOPSY?		WERE FINDIN	
E .					YES NO W	YES	ING CAUSES	NO [
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJUR	Y OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PAR	ET I OR PART 2)	
OR CONTRIBUTION CALLES OF DE		NIH DAY YEAR						
IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21e. PLACE OF INJUR		21f LOCATION					
MHIE NOT WHIE	(AT HOME STREET, FACTOR	Y OFFICE, FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
22a. I certify that (I) (this hose	tal) attended the decease	d fram	1113	عالاه	ta 1211	11	086	that (I) (we) last
saw the deceased alive a	11128	_19.86 an			oth accurred an the d	ate and haur		
22b. SIGN Ullis	at) view the bady after deal		DEGREE				22c DATE	SIGNED
Clare	1/ Munz	m			MEDICAL STA		121	1186
22d. PHYSICIAN'S NAME (TYPE	OR PRINT!		22e ADDRESS	SICIAN [VI	DIRECTOR PHYSIC	JAN _		1 10
Alfred N	lunzer MS)		arroll	Alense	Tons	oma la	rk Md
230 BURIAL, CREMATION, REMOVA	L 23b. DATE 1601	23c NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION		COUNTY	STATE
CREMATION	JEC. 5. 1786	BALTIMON	MASHING		mating 4	UREL.		MD
24. FUNERAL DIRECTOR	THUT WILL BY	ADDRESS 75/1	artill	250 DATE R		25b. REGISTR.	AR'S SIGNAT	TURE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by, the attending physician and completely filed in by the funeral director, page (one 2	2	MPORTANT: If Item 21 is marked or Item 18 shows any injury, or office troumant event, the medical examine must be must be must be	
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has be	t permit	ene pric	ows, any	
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this cer	e burio	d Ment	Bor Her	7
. After	se os th	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	morke	
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AL DIR	detache	ate Dep	IT: If he	
FUNER	old be	the St	ORTAN	
0	sho	3	MP	_

STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG	, NO.				
	CEASED NAME	FIRST	1	MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
(ITPE		rnesti	ne		Awkw	ard	Dec.	17, 19	86	5:50pm		
3. SE	(4	RACE		5. DATE C		6. AGE (IN YEARS LAS	(BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	Female		Bla	ck	June	30, 1935	51	YRS.	MONTHS DAYS	HOURS MIN.		
	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH			
	VA VA		USA		WIDOWE		MONTGOMERY					
10 C1	TY OR TOWN OF DEA	TH 1			G HOME C	PROTHER INSTITUTION	120 USUAL OCCUP			F BUSINESS OR		
	Olnev			nery Gene		ospital	Homem	aker	(FE) INDUSTRY			
		136 COUNT	THER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMITS?	ZSET AWE	s / ZIP COD	ERoad	20902		
14. F.A	THER'S NAME					15 MOTHER'S MAIDEN NA						
	FIRST		d Smi	th		FIRST AC	da Denñi	S	LA'	ST		
160 V	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	2944AD	Mewitt	Ave.	#344		
1.	NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	215-34	-304	Janie Awk	ward (da	ughter	r)Sil	Spr, MD		
CERTIFICATION	Conditions, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA:	nediate ag the last	ONDITIONS CO	und fe	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIV	VEN IN PART 10	NGS USED		
TE					-		YES NO		ES	NO 🗆		
MEDICAL CEI	AN COLUMN THE COLUMN DESCRIPTION HOUR A.M. MONTH DAY T				19	216 HOW INJURY OCCURI	***************************************	INJURY IN ITEM 18	PART 1 OR PART 2)	STATE		
~	AT WORK AT WO	RK R										
	220 I certify that (I) saw the decease above, (In weeks 771 SIGN TUPE 722d PHYSICIAN'S NA	ed alive andido (did not)	view he body	after death.		DEGREE ATTENDING PHYSICIAN 22e ADDRESS (S U PL)	MEDICAL DIRECTOR PHY	STAFF				
23o. E	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	<i>-</i>	7-41	J J J J - L		
	SPECIFY)					emorial Cem	CITY OR TOWN	V Cnn	COUNTY	STATE M.d.		

DHMH - 16 60M 7/B4

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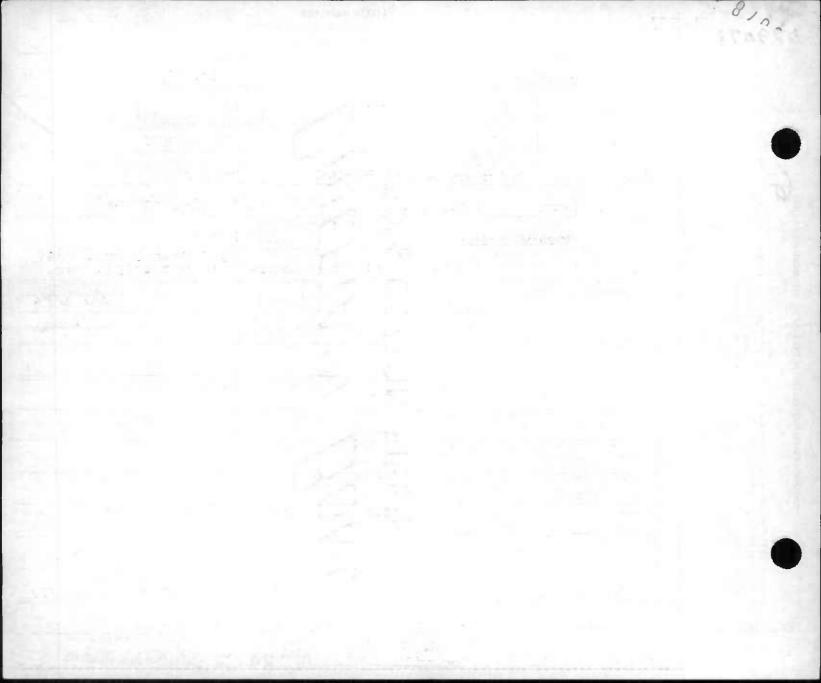
ottending physician.

(VRA 15, 4)

George R. Snowden

24 FUNERAL DIRECTOR

246 AN Washington St. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Rockville, Md



7557 Wisconsin Ave. Bethesda, Maryland 20814

(VRA 15. 4)

STATE OF MARYLAND

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) 4 JAN =	-03	FOR STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGI	ENE 8 6	3	5 0 8	2 0
deed the	TYPE O	ASED NAME R PRINT) MA	RGA	RETE	(NAN) E	SAi	LER	2	2a. DATE OF DEATH	MONTH DA	8-86 11	11 A
director, ours after	SEX E	Female		4. RACE Cauca	sian	5. DATE C		YEAR 02	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR IF UND	ER 24 HRS
ithin 72 h	Ge	HPLACE (STATE OR F UNTRY) LMANY		U. NAME OF	WHAT COUNTRY? SA HOSPITAL NURSIN	WIDOWE G HOME C	NEVER MA	RRIED	P BALTIMORE CITY C	ON WORKING LIFE	EAL G IZE KIND OF BUSH INDUSTRY	MD VESS OR
15"	N ST	ſd.	Mon	(IY	Silvers	prir		LIMITS?	Housewife 14801 Maj	ZIP CODE	Home Court 20	0904
XDO	Anton 160 WAS DECEASED EVER IN U.S. ARA			Hofmann Med Forces? IMA SOCIAL SECURITY NO.			15. MOTHER'S MAIDEN NAME ##51 UNKOWN 17. INFORMANT ADDRESS					
0	(10)	no no nonowni	(# WE Ob	E WAR DE DATES	578-34-	2262	Patri	cia B	ailer sa	ame as	13e	
gury, or other troumatic	-	Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate ig the last	DUE TO, O	R AS A CONSEQUE	Leps NCE OF	NOT RELATED TO	O THE TERMI	nal disease or con	DITION GIVE	N IN PART 110	
niu Andread	IIIICAIIC	19s. DATE OF OPERATION 19s. CONDI			ITION FOR WHICH OPERATION WAS PERFORMED			286 IF YES, WERE FINDINGS US YES NO YES NO			ATH?	
orked Order (18 sty	MEDICAL	TIBL ACCESSIVE WAS UND DISCONSSIBLUTION OF CASE (IN EXTRACT HOTEL WEDGE WITH BYJURY OCCURR WITH AND WITH LEWOOD ALLWOOD	CAUSE OF DEC CALEXAMPRES RED	HOUR A.	M. MONTH DA M. OF INJURY RELEACTORS, OFFICE S	19 4894. ETC.)	THE LOCATION		ED (ENTRE PARTURE OF SAID CITY ON TO		COOMTS	STATE
7. # hem 21 is m		2a. I certify that (i) saw thy decease above (III) weil to	ed alive of fid) (did by	12 1) view the body	27 19	₹ <u>Ç</u> ar	8 that in (my) (o DEGREE ATT	ENDING	eath occurred on the d	H.		
in the Star	\perp	PIAL FORMATION	AME LITTE	out Project (LAME OF C	22E ADDRESS	T.	THE LOCATION	-75 Ld.		

DHMH - 16 60M 7/B4 (VRA 15, 4)

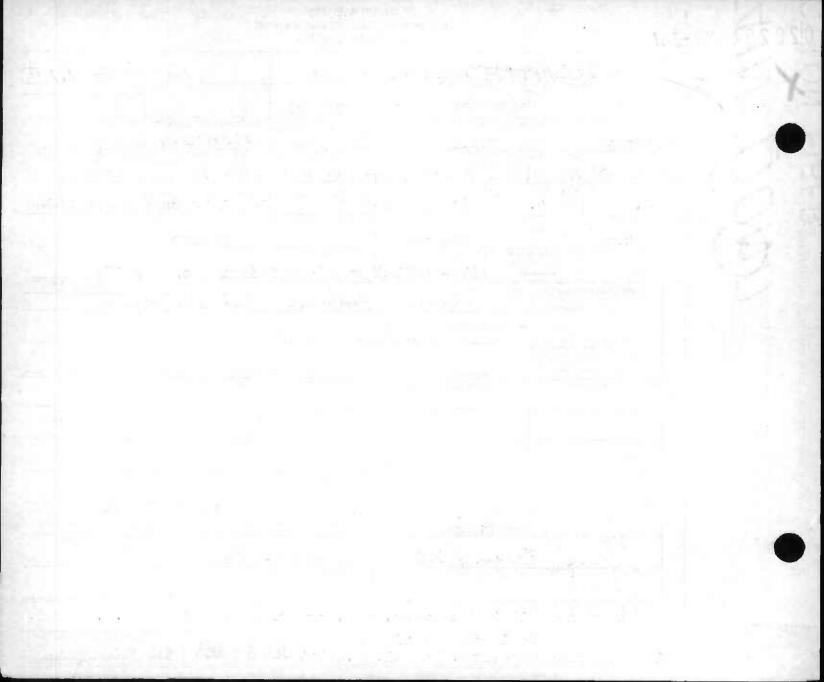
Gremation

12/29/86 Balto.Wash.Crematory Laurel

PUNG .

Md.

Fleck Funeral Home, Inc. Laurel, Md. 20707 DEC 3 1 1986 Julia Junioral Park 24 FUNERAL DIRECTOR Julia Dividson Pandace



DEPARTA	LENT OF H	OF MARYLAI	ENTAL HY	1138 Iniel (S 15/16		3	56	3	12/1	
LE	L	AST g	A	26 DATE O	DEATH	*\$*\$ H	DAY WW	, JUHOU		
1	E	Sailey	g No.	UT 12	-21-8	6	18/09	10 m 4 d	10Pm	
casion	5. DATE C		1892	AGE IN	EARS LAST BIRT	HDAY)	MONTHS DAYS	R IF UNDER	24 HRS MIN.	
AT COUNTRY?	8 MARRIE			9 BALTIMORE CITY OR COUNTY OF DEATH						
PITAL, NURSIN CILITY, GIVE STREET	ADDRESS)	R OTHER INSTIT	DRCED [12a USUAL (TYPE OF WOR	OCCUPATION A FOR MOST OF	WORKINGLI	12b. KIND INDUSTRY		SS OR	
CITY OR TOWN	V	136 INSIDECIT YES	VO 🗌	2	Bro y	zip cobi		sde ino	2681	
Bailey			zabeth		WIDDIE		Hailer	AST		
SOCIAL SECU	1896	George	C. Bai	iley 50	04 Cha	rles MD 2	St. Av 21204	7e		
for (a), (b), one Septice	mia.	andp	neumo				APPRO	XMATE INTER	VAI DEATH	
A CONSEQUE	NCE OF	it fai	lure							
ACONSEQUE	VE ga	ilare						3		
RIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEAS	E OR COND	ITION GIV	EN IN PART 1	(0		
N FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTO	PSY?		, WERE FIND YING CAUSE S			
JURY MONTH DA	Y YEAR	21c HOW INJU		ED (ENTERNA	TURE OF INJUR	r IN ITEM 18 P	ART I OR PART ?)			
NJURY Factory, office, fa	RM, ETC)	21f LOCATION	1		CITY OR TOW	/N	COUNTY	51	ATE	
ceased from	-611	d that in (my) is	19. 86	to	17/ 7	2//	19 26	that (I) (w		

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT

MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

Khiane 236. Date 1986 / 136. NAME OF CEMETERY OR CREMATORY December 26, New Freedom Cemetery

New Freedom,

PA^{STATE} York,

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

Second & Franklin Street

New Freedom, PA 17349

parc.

ALCOHOL SECTION AND ADDRESS OF THE PARTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CEKIII	ICATE OF DEA	IH	REG. NO	Ο.				- 7
DECEASED NAME	Mary				asi Baker		20 DATE OF DEATH Dec.	31,		AR	²⁶ ноυ 6:0	. 1
3 SEX Female	ARACE White CE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY Jersey U.S.A. OWN OF DEATH 11. NAME OF HOSPITAL, NURS 150 MONTH 136 COUNTY 136 C		е	June 5, 1926			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I		HOURS	24 HRS MIN.
70 BIRTHPLACE (ST COUNTRY) New Jet	sey	U.S.A.		WIDOWE		CED 🗌	9 BALTIMORE CITY OR COUNTY OF DEATH Mont gomery					W
Rockvi l	l e	1"043" Suc	Carnat Tor	i Dri		ION	Sec ret ary			TRYO	n Dr	ug
Maryl and	113k COUN		ROC KVI				13e STREET ADDRESS A	zip cou	Driv	e 2	0850)
14. FATHER'S NAME Charle	S	AIDDLE]	Mont el eo	ne	15 MOTHER'S MA Mary		MIDDLE		Fit zpa	at ri	ck	
160 WAS DECEASED {YES, NO OR UNKNOW NO			147-20-3		Willian	m F.	Baker, Jr. (nd) s	ame	e as	136
	ATH WAS CAUSED	BY:	line for (0), (b), and	ust a	atic h	ng	Cancer		BETY		ATE INTER	
gove rise to couse (a),	immediate stating the	(b)				3						
	RSIGNIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PA	RT IIo		
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY? YES NO X	IN CERT	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO			H ₂
00.00	G CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I							PART 1 OR PAR	RT 2)		
(IF EITHER, NOTE 21d INJURY OF WHILE AT WORK	OT WHILE AT WORK	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET		CITY OR TO	wn A	COUN	(·	S	TATE
	not (I) (this hospit			,50	1	9 8	, to faren	W/1	. 19_8	11	not (1) (v	we) lost

DEGREE

sow the deceased alive on \$

MEDICAL

Frederick P. Smith, M.D.

above, (1) (we) (did) (did not) view the body ofter death.

5401 Western Ave. N.W. Wash. D.C. 20015

orld that in (my) (our) opinion death occurred on the date and hour and from the causes stated

230. BURIAL, CREMATION, REMOVAL (SPEC Buri al

226. SIGNATURE

1/5/87

Arl i ngt on National Cemetery

Arlington, Virginia

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detoched for use as with the State Dept. of Health

IMPORTANT: If Item 21 is

²⁴ FUNERAL DIRECTOR NAME Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JAN 9 1987 Julia Deviden Randon JAN 9

the same and the same and the extension of the contraction of Interior and in the contract of the contract o

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME EDNA 26 HOUR - 30/ Α. (TIPE OF PRINT) 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1 SEX MONTH YEAR EMALE 86 00 70. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEDA NEVER MARRIED TYTTNOIS U.S.A MONTGOMERY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION RELATIONS DIRECTOR OCKVILL VALLEV 13d. INSIDE CUTY LIMITS? 3-SIREET ADDRESS (ZIP SODE MARYLAND 20851 IN FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE REV. "E. AIKIN ALBERTINA BOBZIEM ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO IMENOWN (IF YES, GIVE WAR OR DATES) 513-26-3130 DEWITT BALDWIN, HUSBAND, SAME AS ITEM 18 CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY. imer's Disease IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION. 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATHS CERT 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM MEDIC 71d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC I STREET at work NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased fram saw the deceased alive an Dee and that in (my) pinian death accurred an the date and have and from the causes stated view the bady after death THE SIGNATURE ATTENDING & MEDICAL DIRECTOR PHYSICIAN

12/26/86

23c NAME OF CEMETERY OR CREMATORY METROPOLITAN CREMATORY

AL'EXANDRIA, VIRGINIA

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR FUNERAL DIRECTOR RICHARD RAPP INC. 1804 T ST., N.W., WASHINGTON, PRES D.C.

1027

250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

(VRA 15, 4)

ORTANT 9 5



Dep

a ded

Re

STATE OF MARYLAND - STATE REGISTR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH	REG. I						
	PACL ALA	20. DATE OF DEATH	12	30 e	86	30 HOL	P	-
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST E	AGE (IN YEARS LAST BIRTHDAY) IF U		RIYEAR	IF UNDER 24 HRS		S
)	MONTH 7 BAY TO TO	()		MONTHS	DAYS	HOURS	Mil	٧.

CAUCASIAN MALE JULY 3, 1919 . BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?

N

9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED

Montgomery County 126 KIND OF BUSINESS OR INDUSTRY Survey (TYPE OF WORK FOR MOST OF WORKING LIFE)

Maryland Rockville

Maryland

MED NAME

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Shady Grove Adventist Hosp. JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 131. CITY OR TOWN

13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Enid Court/ 20854 NOXX

MIDDLE

14 FATHER'S NAME MIDDLE Nichola

LAST Baccala 16b. SOCIAL SECURITY NO

States

Potomac

Maria 17. INFORMANT (Wife)

15 MOTHER'S MAIDEN NAME

Valentino Enid Court

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

Geological

160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) VAC

JAME 4

4. RACE

Montgomery

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

Baccala. Potomac. Maryland

100	***	272 71 1020 70	aurre of buodura, r	0 0 0 1110 0 7 012 7 011
18 CAUSE OF DEATH (En PART I. DEATH WAS C		Tint TACTA NIAL	Hemmorthage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, whi gave rise to immedia	ch ((b)_	DR AS A CONSEQUENCE OF		
	st. (c)_	DR AS A CONSEQUENCE OF	ELATED TO THE TERMINAL DISEASE OF CONDITI	

Hypertension NI 11 14694 1314418

710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M

20a AUTOPSY?

21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION COUNTY CITY OR TOWN

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above (1) we) (did (did not) view the body after death

and that is (my) (aur) apinian death accurred an the date and hour and from the causes stated

ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED Koch ville, me

DEGREE

23d. LOCATION

STATE

DHMH - 16 60M 7/84 (VRA 15. 4)

230 BURIAL, CREMATION, REMOVAL

Robert A. Pumphrey Funeral Home BEC P.A. 300 W. Montgomery Ave, Rockville

. 28 ESS ALL 2015 383 ES

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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vision and completely filled in by opers. Pages Tond 2 should be fill viol. it, the medical examiner must be no		WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	IN U.S. ARME (IF YES, GIVE W WWI	(AR OR DATES)	213-03-		Mr. (Christo	pher	Allen	Gai 615	thersbu S. Fre	rg, Md	l.
that the death certified by the attending pholoser remove carbon priol, cremation, ar remove or other traumatic even		Conditions, if any, gave rise to improve (a), stotin underlying couse	which nediate g the last	DUE TO, O	A CONSEQUENCE TO CONTRIBUTING TO	DEATH BUT	MY TO TRELATED	Fill The who	Lun Pulm INAL DISEA	is my).	Nolh	y	OXMATE MITERY NONSEY AND D LLCO	
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01 564 34	73a	BURIAL CREMATION	REMOVAL	73h DATE	1230	NAME OF C	EMETERY OF	PEMATORY	1234/00	ATION	1 Vig	7 1	9 /	

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Ī	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

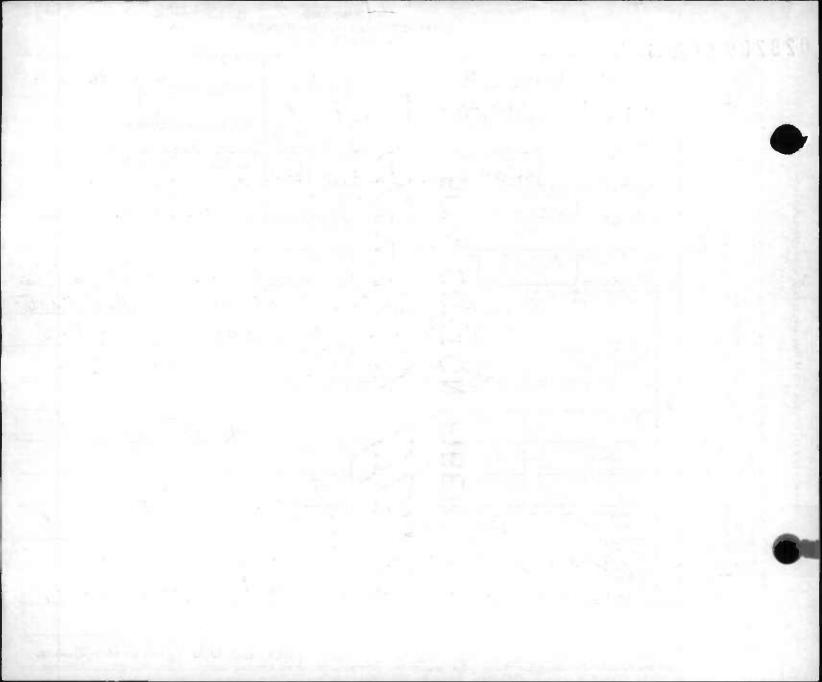
Anatomy Board

24. FUNERAL DIRECTOR

Balto Md

ADDRESS

250 DATE REC'D. BY REGISTRAN 256, REGISTRAN'S SIGNATURE
DEC 23 1986 Julia Davidson Radaes.



026448

STATE OF MARYLAND

	CEASED NAME	FIRST		MIDDLE		AS1	REG. N		DAY YEAR	26 HOUR
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3. SE			4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 2
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	IRTHPLACE (STATE OR	FOREIGN 7	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
Bar	ngladesh		U.S.	Α.	WIDOWE		Monta	Yame	0	
10. CI	ITY OR TOWN OF DE.	ing	II. NAME OF	HOSPITAL, NURSI CHEACILITY, GIVE STREE Y Cross	ING HOME C et address) Hospita	or other institution al	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST OF Mission WO		7th I	of Busines
13a. S	AL RESIDENCE THE NUR. STATE aryland	13b COUNT Mont.	TY	GIVE RESIDENCE BEFO 13c. CITY OR TOV Wheaton		13d INSIDE CITY LIMITS? YES 🕻 NO 🗌	130 STREET ADDRESS 1816 McMah	on Rd.	/ 20	902
14. F.A	ATHER'S NAME FIRST Kali	charan	AIDDLE	LAST		IS MOTHER'S MAIDEN NA	MIDDLE		LA	ST
16a V	WAS DECEASED EVER			166 SOCIAL SEC		17. INFORMANT	ADDRI			
1	No	Non	WAR OR DATES)	212-13-5	5354	Neenee Khan	(Daughter)	Same A		
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only	y one couse pe	r line for (a), (b), o	and (c).)	//	,		APPRO) BETWEEN	ONSET AND D
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DHMH - 16 60M 7/84 (VRA 15, 4)

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CHAMBERS FUNERAL HOME SILVER SPRING, MARYLAND

DEC 8 - 1986 Antia Divideon Pendres

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STATE OF MADVIAND

STATE OF MARIEAND	ř
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9
CERTIFICATE OF DEATH	

REG. NO.						
TE OF DEATH	MONTH	DAY	YEAR	2		
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18. CAUSE OF DEATH (Enter only one couse per line 19 (b), (b), and Ici.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (b), storing the underlying couse lost: (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONNIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONNIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19a DATE Of OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE Of OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 19c CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21ll LOCATION STREET SOW the deceosed drive on oboyd, (1) CHI-did) (driven view the body offer death. DEGREE ATTENDING		DAY YEAR 26 HO
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18. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	84 yrs.	MONTHS DAYS HOUR
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The condition The conditio	13e.STREET ADDRESS / ZIP COI 2306 Eccleston	DE 1 St. 20902
18 CAUSE OF DEATH (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17 INFORMANT N/A N/A N/A SOCIAL SECURITY NO. 17 INFORMANT N/A N/A SOCIAL SECURITY NO. 17 INFORMANT N/A N/A SOCIAL SECURITY NO. 17 INFORMANT N/A	WE	Briganti
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278. SIGNATURE DEGREE ATTENDING PHYSICIAN [death occurred on the date and he	, 19 6, that (I
22d. PAYSICIAN'S NAME (TYPE OR PRINT)	AUDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNE
RICHARD L-COLDEN NO - 2101 MEDI		, S.L-S.pG
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
Burial 12-13-1986 Fort Lincoln Cemeter 11800 N.H. Ave., 150 DA Hinest Rinaldi Funeral Home Silver Spring, Md.	Brentwood E	

DHMH - 16 60M 7/84 (VRA 15, 4)

07/84 25M

DHMH - 17 (VR A15 ME (5))

BP

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A FUNERAL DIRECTOR Hines Rinaldi Funeral Homes 11800 N.H. Ave.

12-17-1986

George Washington

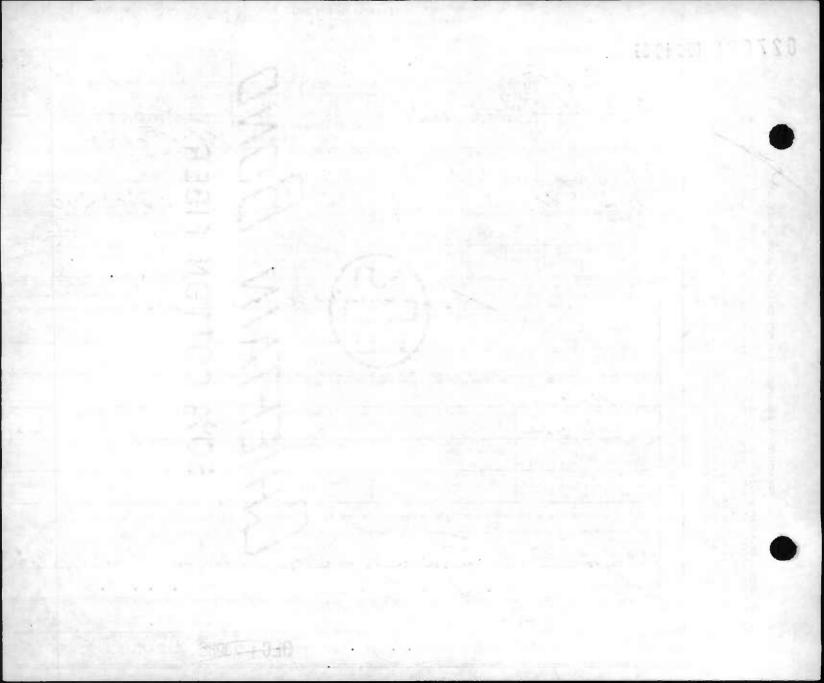
Adelphi

Pr. Georges

Md

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Silver Spring, Md.



DIVISION OF VITAL RECORDS.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Barrett.

5. DATE OF BIRTH MONTH

REG. NO.				
20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	IR
November 28	. 19	86	9:00)A.
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
63 YRS	MONTHS	DAYS	HOURS	MIN.
9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

Female BIRTHPLACE (STATE OR FOREIGN

Mary

Caucasian 76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

3602 Sloan Street

Α.

MARRIED X NEVER MARRIED WIDOWED 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

Montaomeru 17n USUAL OCCUPATION

12b. KIND OF BUSINESS OR INDUSTRY Westat

Rockville. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE Maryland

I CITY OR TOWN OF DEATH

6 BETATE REGISTRAR

SEX

Penn.

DECEASED NAME (TYPE OF PRI

> 13b COUNTY Montgomery

> > MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)

IMMEDIATE CAUSE to

4 RACE

Rockville

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 13602 SLoan Street MIDDLE

Clork

20853

4. FATHER'S NAME Vincent

Fiorentino 166. SOCIAL SECURITY NO

17 INFORMANT

Criseuolo

160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no

PART I. DEATH WAS CAUSED BY

145-16-1351

John J. Barrett

Josephine

23

husband

same as #13

Conditions, if ony, which gove rise to immediate couse (o), stoting

underlying couse PART 2. OTHER SIGNHEICANT CONDITIONS

19n DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

NOF

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2)

CITY OF TOWN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

21d INJURY OCCURRED NOT WHILE

P.M 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY

21b. TIME OF INJURY

University Blud, West, Silver Spring

211. LOCATION STREET

COUNTY STATE

22b. SIGNATURE

220.1 certify that (1) (this haspital) attended the deceased from

DEGREE

MEDICAL ATTENDING PHYSICIAN A DIRECTOR PHYSICIAN 22c DATE SIGNED

Eugene Libre. M.D.

23c NAME OF CEMETERY OR CREMATORY

10400 Conn. Ave, Kensington, Md.

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

d

burial-transit p

2

5

MPORTANT: ld b

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

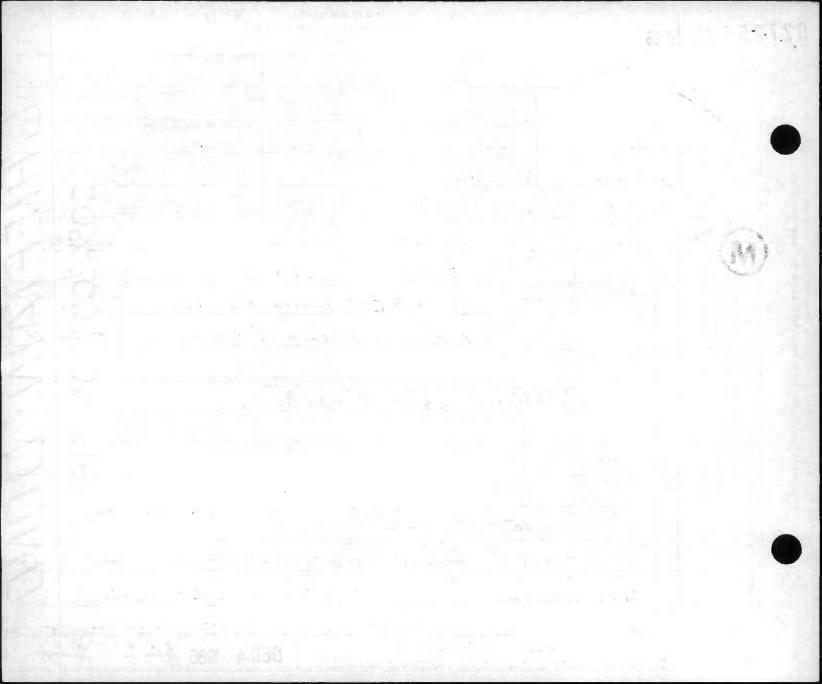
230 BURIAL, CREMATION, REMOVAL

Francis J. Collinsons Jr.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

1986 Gate of Heaven Mausoldum Silver Spring Montgomery Md.



event, the

ather traumatic

VAD

if Item 21 is marked ar Item 18 shaws

MPORTANT

CERTIFICATION

MEDICAL

may

FOR

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF 1136 COUNTY

Washington, D.C.

CITY OR TOWN OF DEATH

ilver Spring

Maryland

14 FATHER'S NAME FIRST

(YES, NO OR UNKNOWN)

- STATE REGISTRAR 1. DECEASED NAME ITYPE DEPEND

1. SEX

STATE OF MARYLAND DEPAR

FOR STATE REGISTRAR			DEP		IEALTH AND MENTAL HY	GIENE	REG. N	10.	3	()	0
SEASED NAME	PRST 1.E.D.	rae	J.	Ba	Sr.	11-	OF DEATH	MONTH - 8	DAY YEAR	26. HOUR	5P
Tala		Whi.	te	5. DATE C	- Z8-07	AGE (IN YEARS LAST BI	RTHDAY) YRS	MONTHS DAYS	HOURS	MIN.
THPLACE ASTATE OF	OFFICE 7	b. CITIZEN OF V	WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIA	MORE CITY	OR COUNTY	OFDEATH		
ishington.	D.C.	u.s.	A.	WIDOWE		Mo	ntgome	ry			MD.
ty or town of deal		(IF NOT IN SUC		STREET ADDRESS)	OR OTHER INSTITUTION	120 USU	AL OCCUPAT ORK FOR MOST	ION			S OR
AL RESIDENCE (IF NURS	ING HOME OF O	THER INSTITUTION,		HOSPITA BEFORE ADMISSION)	L .	Hone	2man_		Hwy. 1	Dept.	
ryland	Monta		13c. CITY OR Whea		13d. INSIDE CITY LIMITS? YES NO	13e.STREE	ADDRESS		iew Dr.	209	02
THER'S NAME FIRST	M	IDDLE	LAS	t	15. MOTHER'S MAIDEN N	AME	WIDDLE		LAS'	1	
Paul				Bari	Madalin	а				cegli	e
VAS DECEASED EVER		ED FORCES? WAR OR DATES)	16b SOCIAL	SECURITY NO.	17. INFORMANTSON		1889	^{ES} Sham	Court		
no			579-1:	2-6451	George J. B.	arry,	Jr. An	napol		214	<u> </u>
PART I. DEATH W Canditians, if any, gove rise to imm cause (a), statin underlying cause	which nediate g the last.	DUE TO, OR (c)	AS A CONS	SEQUENCE OF	nostolij	Ceno	ron	na	Yau		ÊĂTH
PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING	DEATH BUT	NOT RELATED TO THE TER	MINAL DISE	ASE OR CON	IDITION GIV	EN IN PART 110		
19a DATE OF OPERAT	TION	196 CONDI	FOR W	HICH OPERATIO	N WAS PERFORMED	200 AU	TOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES SOM		1?
210 ACCIDENT WAS UND		21b. TIME OF	FINJURY	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER	NATURE OF INJU	JRY IN ITEM 18 F	PART I OR PART 2)		
OR CONTRIBUTING (IF EITHER NOTIFY MEDIC		P.#		19							
21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	IILE 🗆	21e PLACE C		FFICE, FARM ETC)	211 LOCATION STREET		CITY OR TO	ЭWN	COUNTY	517	ATE
220.1 certify that (No saw the decease above (1) (we) (c	(this hospita	11/1:	5	130	nd that in (my) (aur) apinia	, ta_ n death accu	rred on the d	ate and hou	19		e) last
226 SIGNATURE	nel	ato	500	mi	- THOTEIAN	MEDICA DIRECTO	AL STA	FF CIAN [22c. DATE:	IGNED ;	F6
PHYSICIAN'S NA	EC.	T)	50	シリマ	10313 Georg	gia Av	e.,#30	7, Si	lver Sp	ring,	Md.
URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LO	CATION		COUNTY	STA	ATE

DHMH - 16 60M 7/84 (VRA 15, 4)

0

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Runial

24. FUNERAL DIRECTOR Francis J. Collinsons Jr.

Cedar Hill Cemetery Suitland Prince Georges Md.

Jr. DEC 4 1986 Julia Deciden Randau

027250 HERRIS IN THE P.

		FOR		STATE OF	MARYLAND	HYGIENE D	35	0 3 /
9492 JAN	16	STATE REGISTRAR		DICAL EXAMINER'S			REG. NO.	
IN of at 10 in	1. DE	CEASED NAME FIRST Charles		MIDDLE J.	Bates		OWN T MONTH	DAY YEAR 26 HOUS
PY, PLEAT DIRECTOR DUR FILE ON STREE	3 SEX	AN W	July DAY		UNDER TYR. IF UND		MONTH	23 10 0Z2
STATES	7a. BI	RTHPLACE (STATE OR	U.S.A.	HAT COUNTRY? 8. MA	RRIED NEVER MA	RRIED 9 BALTIMOR	20 no	FONCWY MI
8 SEGRES	10. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME, OR O	THER INSTITUTION	Driver	ION (TYPE OF WORK	aprisous in ran- sit Company
P. 21201	130. S			RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN	13d INSIDE CITY LIMITS YES NO J	12504 Edge	word Ave.	
* # # # # # # # # # # # # # # # # # # #		William	WIDDLE	Bates	FIRST	abeth		LAST
VEPAGE 14	160. V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 578-10-7144	17 0 15 0 0 1 1 1 1 1 1	nephew 1	10229 Shil	nknown oh Street a. 22030
DIVISION OF VITAL RECORDS, 2011 WEBTONES SCENTIFICATE SHOULD BE EXECUTE WITHIN 24 HORDING: IN FACIL IN THE REDED TO THE CHIEF MEDICAL EXAMPLE ACOUSTS STOULD BE USED AS A BURIAL CANSILISM FOR TO EDPARTMENT OF HEALTH AND MEDICAL EXEMATION; OF FEMORE OF REMATING IN TO EURIAL, CREMATION; OF FEMORE IN THE PROPERTY OF THE	NO	Conditions, if ony, which gove rise to immediate couse (a) storting the <u>underlying couse lost</u> . PART 2 OTHER SIGNIFICANT CONDITIONS C	(b) DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DIST	EASE OR CONDITION GIVEN IN	IPART I 10		
L RECC ULD BE "PEND FF MED AS ED AS HEALT	CATIC	190. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?
RTIFICATE SHOUND THE WORD D TO THE CHIE SHOULD BE US EPARTMENT OF PRIOR TO EURIA	CAL CERTIFICATION	710 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR	HOW INJURY OCCUR	RRED LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	YES NO DE
WRITING WRITING WARDED T WAGE 3 SH ATE DEPA ATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (LOCATION STREET	CITY OR TOWN	COUN	NTY STATE
MEDICAL EXAMINER: THE CERTIFICATE, VECUTE THE CERTIFICATE, VEE 4 SHOULD BE FORW. FENERAL DIRECTOR: PARTICE OF THE CENTRY OF THE		220 I certify that I took charge death resulted from Noture ACTUAL SIGNATURE EXAMINER: NAME JOHN	ol couses D	Accident , Suicide	opsy , Inspec Homicide TITLE (SPECIFY)	Undetermined manne	DATE /	20-c7-3 19 M
PAGE PAGE	23o. B	JRIAL, CREMATION, REMOVAL 23		23c. NAME OF CEMETERY	ABBRESS	23d LOCATION	, , , , ,	p

(VR A15 ME (5))

DHMH - 17

Burial Dec. 27, 1986 National Memorial Park Falls Church Virg 24. FUNERAL DIRECTOR Francis J. Collins, Jr.

Park Falls Church Virg 500 University Blud. West, Silver Spring, Md.

THE CHIP

STATE OF MARYLAND

CERTIFICATE OF DEATH

-1		REGISTRAK			REG. NO.	
1	1. DEC	EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	
J		MARGARET	M.	BAUGHMAN	12-	24- 1986 10;56 ^{am}
1	3. SEX		I. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR IF UNDER 24 HRS
1	e state po	female	White	July 12,1904	EAR 82	YRS.
1			L CITIZEN OF WHAT COUN	MARRIED NEVER MARR	9 BALTIMORE CITY OR	OUNTY OF DEATH
		Penn.	U.S.A.	WIDOWED DIVORC	Montgomery C	
1	10. CT		(IF NOT IN SUCH FACILITY, GIVE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKEY	
4	102114	AL RESIDENCE (IF NURSING HOME OF	Montgomery G	erneral Hospital	Homemaker	. Own Home
	13e S	TATE 136 COUN	TY 13c. CITY OF		71.00 77	ton Ct. 20906
1		THER'S NAME		15. MOTHER'S MA	DEN NAME	
		Christian Samu	iel Maeder	Bessi	e Belle Patten	LAST
		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL	SECURITY NO. 17. INFORMANT	19 Kempster	Rd.
	(1	NO NO OK UNKNOWN) TES, GIVE	- 078-	24-7355D Mildred	Garson Scarsda	le, N.Y. 10583
		18 CAUSE OF DEATH (Enter only	v one cause per line far (a).	(b), and (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	RY.	rdioxu(mener	arrest	
	Н					
		Conditions, if any, which	1-0			
		gave rise to immediate	(6)	probable imora		
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEOUENCE OF		
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART LO
	Z O	eu (mon		estitud FI	616515	
í	E I	90 DATE OF OPERATION		VHICH OPERATION WAS PERFORME	20a AUTOPSY? 2	06. IF YES, WERE FINDINGS USED
1	FR		1		YES NOT	YES NO NO
	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN	
	15.0	OR CONTRIBUTING CAUSE OF DEAL		H DAY YEAR	(6.16.11.11.11.11.11.11.11.11.11.11.11.11	
3	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
247	WEL	NOT WHILE	(AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
		AT WORK		12 / 2 1	60	
3		22a I certify that (1) (this hospit	101	0 (86,10 12	, 19 , that (l) (we) last
		saw the deceosed alive on obove, (1) (we) (did) (did nat		, one mer in (my) (eer)	opinian death occurred an the date	
		22b. SIGNATURE	0.	DEGREE	IDING MEDICAL STAFF	22c DATE SIGNED
		neil No	les .		ICIAN DIRECTOR PHYSICIAI	12/23/80
1		274 PHYSICIAN'S NAME WHO	(memor)	22e ADDRESS	1.	111.11
		Meil	Julie	Montgo	mery venes	01 105/11/21
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREM	CITY OF TOWAL	STATE
	(Cremation	Dec. 26,1986	Ceder Hill Crem	atory Suitland	d, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

97 FOR STATE

24 FUNERAL DIRECTOR Jos. Gawlers Sons 5130 Wisc. ARV. Wash. D.C. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Dividion Pondage

. L. L. I mentant the transferred that the transferred the transferred to the tr retter affor einned tennel Jacobs toller . To the control of t buffers . Sanitaling trees now "Man union of the large and a sanital state of the sanital sta

STATE OF MARYLAND

DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
	26. DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	R.
	12-3	211-9	218	11	To
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
_	84 YRS.	MONTHS	DAYS	HOURS	MIN.
	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		

F	White	1 4
RTHPLACE ISTATION ON IGN COUNTRY) LEW LEYSEU	71. CITIZEN OF WHAT COUNTRY?	MARR
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME

Blanche

NEVER MARRIED MARRIED . WIDOWED

13d. INSIDE CITY LIMITS?

Dilverso	mina	HOLL	Cross
SUAL RESIDENCE IA	NURSING HOME OF OTHER	PHINTIPHON, SI	AT RESIDENCE REPORT ADMISS
IN STATE ALL	1 Cappell	12	EITY OF TOWN
M(I)	100		Lie Howe ! II -

IMMEDIATE CAUSE to

IN HOT IN SUCH FACILITY, GIVE STREET ADDRESS

MIDDLE

13e STREET ADDRESS / ZIP CODE

IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per I PART I, DEATH WAS CAUSED BY:

17 INFORMAN'

Conditions, if ony, which gove rise to immediate

REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

II FATHER'S NAME

CERTIFICATION

00

1. SEX

couse (0), stoting the underlying couse lost.

190 DATE OF OPERATION

TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES T

210, ACCIDENT WAS UNDERLYING NO OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

WHILE NOT WHILE tospital; ottended the deceosed from

and that in popinion death accurred on the date and hour and from the causes stated view the body after death DEGREE 22c. DATE SIGNED

CM TIT

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 12/30/86

١	23a	BURIAL, CREMATION, RE
ı		SPECICION RESPECTION R
ı		CLEMET 100

236 DATE 12-31-86 231. NAME OF CEMETERY OR CREMATORY CHAMBERS Crematory

Riverdale.

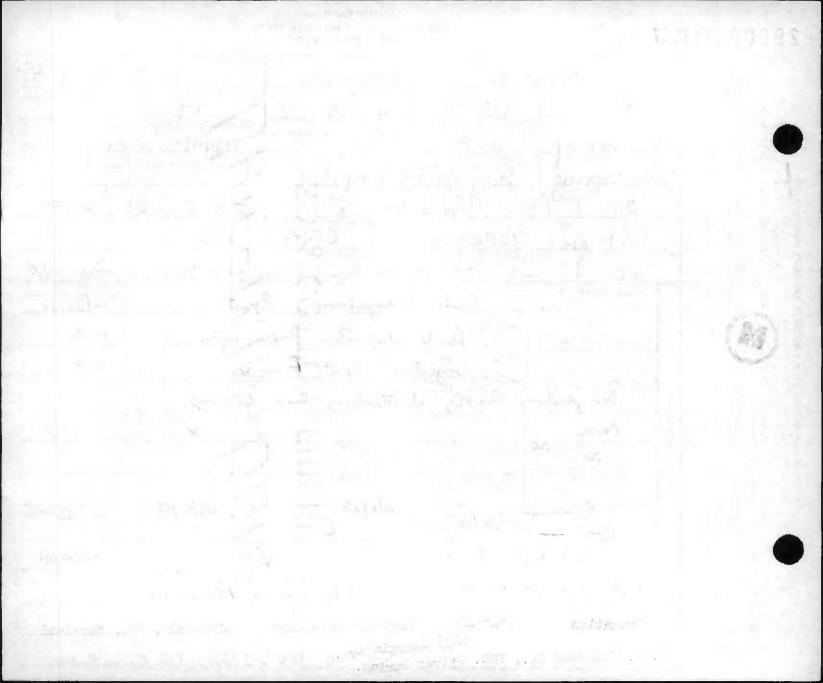
24 FUNERAL DIRECTOR

W. W. CHAMBERS CO., INC. Silver Spring

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b



Interior Designation of the last terms of the la 2 state Bitack 1-6 1914 72-To John and La

nding physicion and campletely filled in by the funeral director. page 3 corbonpapers. Pages 1 and 2 should be filed within 72 hours after death or reheavel.

nt, the ovo!

illian or ren

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and

retained by the haspital or attending physician.

should be detoched for use os the buriof-tronsit permit. Then please rem with the Stote Dept. of Heolth and Mentol Hygiene prior to buriof, creme

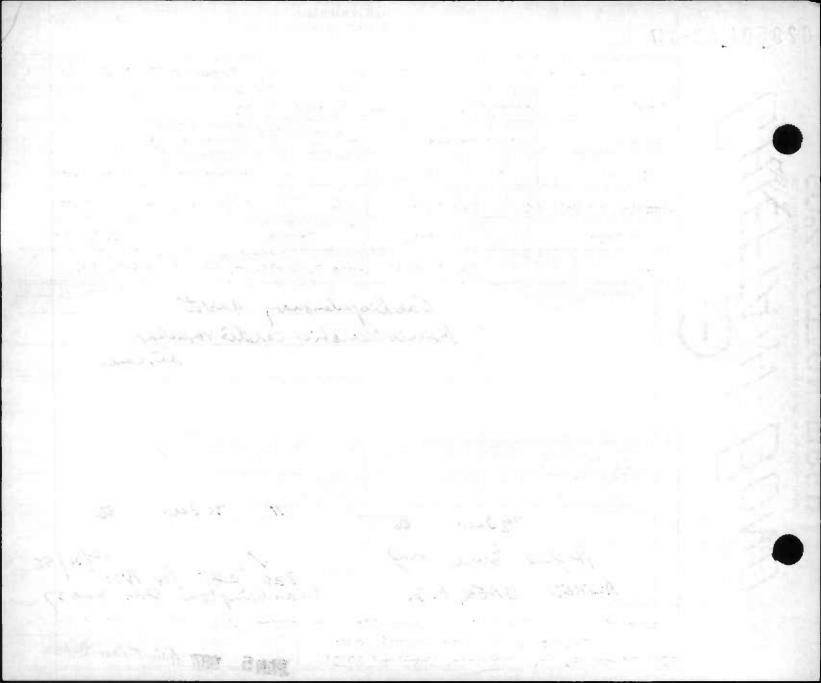
DHMH, 16 60M 7/84 (VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

	REGISTRAR						REG. I			
1. DECEASED NAME FIRST (TYPE OR PRINT) Theodo				WIDDLE		AST TED	20 DATE OF DEATH Decembe		1096	26. HOUR 2:30PM
		Theodo		I	BERLIN					/
3 SE)			I. RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	HOURS MIN.
fe	male		cauc <u>a</u> si	Lan	May	7, 1894	92	YRS		
	RTHPLACE (STATE	OR FOREIGN 7	b CITIZEN OF	WHAT COUNTRY	? B. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
-	rmany		United	States	WIDOWE		MONTGOMER	Y COUN	ITY	Mi
10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSI		R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS OF
В	ETHESDA			GE HILL		DA	Homemaker		own l	nome
USU/ 13a. S	AL RESIDENCE (IF N	1136 COUNT	OTHER INSTITUTION	13c. CITY OR TO	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	E 4	7799
is	trict of	Co1umb	ia	Washingt		YES 🛛 NO 🗌	4000 Mass	. Av.	, NW 20	0016-/
14. F.A	THER'S NAME		IDDLE	LASI		15 MOTHER'S MAIDEN N	14 IDDLE		- 4 1-1 IAS	1 -
	Robert			Lehfe1	_d	Berth	a		Friedla	nder
	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY N (YES, NO OR UNKNOWN) (IFYES, GIVE WAR OR DATES) 1					17 INFORMANT P	ittsburg, AP	nna .	15216	
	no	(# 123, 0112	WAR OR DAILS)	579 40 C	765	Hans J. Ber	liner, 65/ H	idgei	ield Av	• •
	18 CAUSE OF DE	ATH (Enter only	one couse pe	r line lor (a), (b), a	nd (c).				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	I WAS CAUSED	BY: CAUSE (o)	C	ardi	opulughan	acerst	^		
				OR AS A CONSECU	IENICE OF	/	1			
PART I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Conditions of one of the original process of the original p										
gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying ca			DR AS A CONSECU	JENCE OF			and e	are	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To									
O										
CERTIFICATION	19a. DATE OF OPE	RATION	196 COND	OITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
TIFI							YES NO	1	ES [NO [
CER	21a. ACCIDENT WAS		216. TIME C		DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF IN.	URY IN ITEM 18 I	PART I OR PART 2)	
AL	OR CONTRIBUTING (_		m. month [r.m.	JAT TEAK					
MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		211 LOCATION	CITY OR 1	OWN	COUNTY	STATE
₹ :	WHILE NO	WHIE WORK	(AT HOME, ST	TREET, FACTORY, OFFICE,	, FARM, ETC)	ZIMEET	CITTORI	044.4		31416
			ol) attended t	he deceosed from		19_7	10 36 De	c.	19_86_	that (I) (we) los
	saw the dec	eosed alive an _ e) (did) (did not	190	CC · 19	~	nd that in (my) (our) opinio	n death accurred on the	date and how		
	226. SIGNATURE	h /	view the bady	y after death		DEGREE			22c DATE	SIGNED
		Mike	2 50	ree. "	US)	ATTENDING	MEDICAL ST.	AFF	12/	31/86
	22d. PHYSICIAN'S	NAME (1995 OF	FRINT		-	22e ADDRESS 73	0 26	120	1461	1
	ALI	GRED	13A1	=0 M.7)	was	P	2	2-0-	437
23a F	BURIAL, CREMATIC		236. DATE	123/	NAME OF C	EMETERY OR CREMATOR		-	· - 02	03/
	SPECIFY) ation		Jan 1,			itan Cremato	CITY OF SOURS	ria	Virgi	nia STATE
				phrey Fur	•		ATE REC'D. BY REGISTRA	R 25h REGIST	TRAR'S SIGNAT	LIRE
	1 That are			ADDKE 33		,		Mulia 1	Tiorden K	indres.
12.)/ Wiscon	sin Av.	, Beth	esda, Mai	ryland	20814	M 2 185/	n	*	

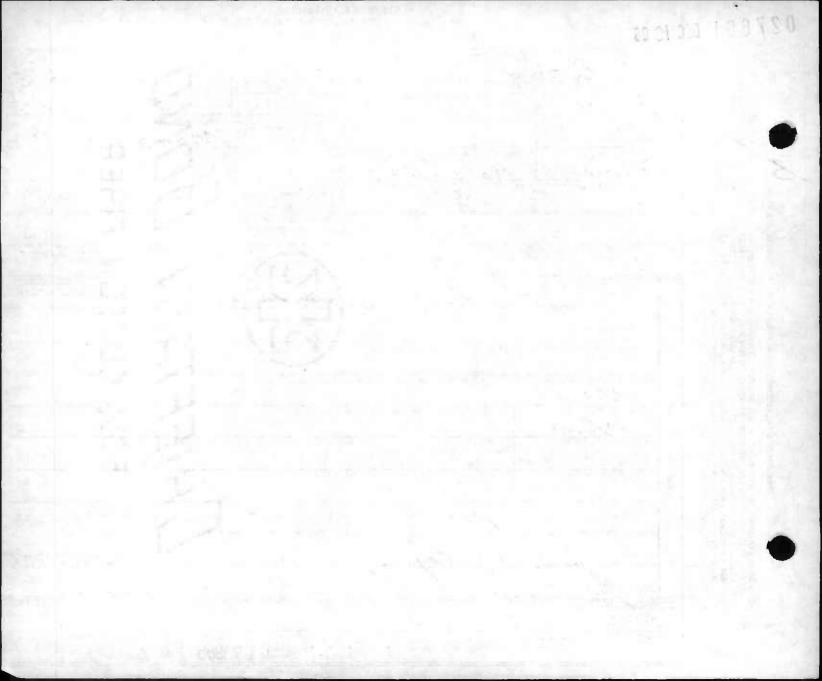


25b. REGISTRAR'S SIGNATURE

25a. DATE REC'D. BY REGISTRAR

Hampes/Rinaldi 11800 Hamp. Ave. S.S.

DHMH - 17 (VR A15 ME (5))



027927

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	STATE		CERTIF	ICATE OF DEATH	REG. N	0.		
130	ASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR 7
Y"	Thoma	as Richard	Blak	ce	December	17,	1986	11:40
3.58		4. RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS
1	Male	Caucasian	Jul	$y 17^{\circ}, 19^{\circ}0^{\circ}4$	82	YRS	MONIHS DAYS	HOURS MIN.
Jer B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
Per	nnsylvania	United States	WIDOW		Manhana	ery C	County,	MD.
	ity or town of death bin John	11. NAME OF HOSPITAL, NURSIN 7665 MacArth			120 USUAL OCCUPATION OF MOST CONTROL Sales			Estate
13a. S	STATE 136 COU	PROTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOWN	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7665 Mac.	ZIP CODE		
	THER'S NAME	egomery public o	OIIII	YES NO P		AL CITO	TT DIV	1/20010
	FIRST	R. Blake, S	r.	Mary	WIDDLE		GIAS	ogley
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRI	304 N	Manorwo	ood Dr.
1	ES, NO OR UNKNOWN) (IF YES, G	577-28-	6256	Ellen G. N	Marshall H	yatts	sville	, MD
	PART I. DEATH WAS CAUS	inly ane cause per line for Residual and ED BY: NTE CAUSE (18)	licat	try failur	ue		SETWEEN S	DATE AND DEATH
	Condition 4	DUE TO, OR AS A CONSIDU	ENCY OF	1 h	lune			
	Conditions, if any, which gave rise to immediate cause (a), stofing the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF	- of				
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT		MINAL DISEASE OR CON	DITION GIV	VEN IN PART 100	a
5	190. DATE OF OPERATION	00.703.	OPERATION WAS PERFORMED				S, WERE FINDINGS USED	
CERTIFICATION	IN DATE OF OPERATION	CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	YES NOW	IN CERTIF	FYING CAUSES	
CAL CE	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART OR PART 2)	
MEDICAL.	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the deceased olive of abave, (I) (we) (did) (did n	n 19 1000 ot) view the bady after death.		nd that in (my) (aur) opiniar	, ta 2 • 1	ate and hou	ond from the	
	22b. SIGNATURE	/borker	7		MEDICAL STAI		12.1	11
	PHYSICIAN'S NAME (TYPE Hadi Bah	or PRINT) Nar, M.D.		11500 Old	Georgetown	n Rd.	Rocky	ville M
23a. E	BURIAL, CREMATION, REMOVA	L 236 DATE DEC 23c 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

TO FUNERAL DIRECTOR

FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

20, 1986 Parklawn Mem. Park Rockville, Maryland Post Rockville, Maryland Rockville, Marylan A blu Divideon Paidace

State of the second UEC 2 2 1985 | Automobile 15 2 3 3 U

HOSPITAL

MPORTANT: If Hem 21 is marked or Item 18 shaws any

MEDICAL

STATE OF MARYLAND

STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	Bongard	20 DATE OF DEATH MONTH D	2 86 26. HOUR 2 40 PM
Female	4 RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR 10 02 02	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Takoma PK A	of DEATH 1d, Montgomery Ca
Takoma PK	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET (U) ASHINGTON ANNO.	ADDRESS) TOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136, EQU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY OR TOWN COUNTY OF TOWN		130. STREET ADDRESS / ZIP CODE P.O. BOX 37. Chi	urch ton Md 2073
Benjamin	F. Loyd	15. MOTHER'S MAIDEN NA	ME	
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166. SOCIAL SECU- BIVE WAR OR DATES) 513 - 09		th Mitchell, 57	Shelton SI BhINE Rd Wrchton, MD 20133
18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), an	nd (c).)		APPROXIMATE INTERVAL

_	NO.	NONE WAR OR DATES)	513-09-6019	Elizabe	th Mitch	ell, Chui	chtor, MD 2013
7	PART 1. DEATH W	DUE TO, O which (b) nediate g the DUE TO, O	ASIA CONSEQUENCE OF A C	roke.	l-due to	embolisin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	PART 2 OTHER SIGN	TION 196 CONDI	ONTRIBUTING TO DE AT BUT		200 AUTOPSY? YES NO	20b. IF YES, WE	ERE FINDINGS USED G CAUSES OF DEATH?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY 21d INJURY OCCURRED

211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an 222 Ko above, (I) (a) (did not) view the body after death. and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated

22b. SIGNAT DEGREE 221. DAJE SIGNED ATTENDING MEDICAL STAFF

22e. ADDRESS

PHYSICIAN

COUNTY

STATE

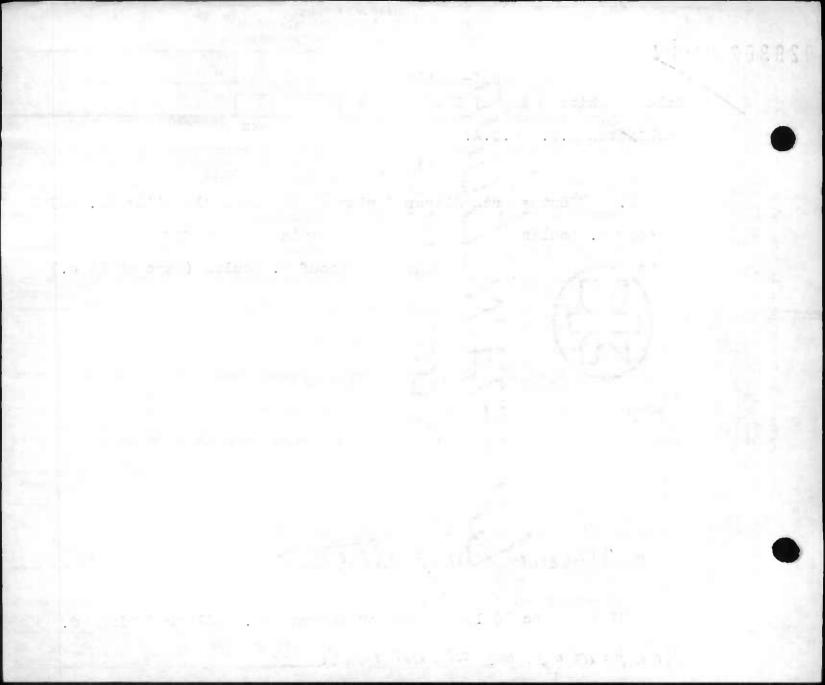
231. NAME OF CEMETERY OR CREMATORY 23b. DATE remation Dec

DHMH - 16 60M 7/B4 8655 Georg in Ave., S.S., MD (VRA 15, 4)



early and produced to person to sold fifth to the company

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2126

FOR

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

L	FEGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	J.	
	DECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH "	MONTH DAY YE	Zb. HOUR
	Blar	iche E.t	1 60	urne		12-05- 8	36 0850 M
3.	SEX 4.	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
1	FEMALE	B.	03	02 /923	63	YRS. MONTHS	DAYS HOURS MIN.
Tio	BIRTHPLACE (STATE OR FOREIGN # 76	CITIZEN OF WHAT COUNTR	RY? B.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	TH
M	ASH. D.C.	USH	WIDOWE	_	Mont		MD.
1	CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		ND OF BUSINESS OR
1	Md.	Washington Ad		t Hospital	Secretar		S. Governm
	UAL RESIDENCE (IF NURSING	HER INSTITUTION, GIVE RESIDENCE BEE	FORE ADMISSION)			/	11-1811
1	Md.		rrolto	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 7859 River		#202
111	FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	date Mu.	
b	William	Israel		Blanche	RO	binson	IAST
10	WAS DECEASED EVER IN U.S. ARME		CURITY NO.	17 INFORMANT	ADDRES	iS	
V	(IF YES, GIVE W	578-2	20-3034	Rev. Charles	Bourne/husb	and/same	as 13e
1	8. CAUSE OF DEATH (Enter only		and (c).)		7	BET1	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
П	PART I. DEATH WAS CAUSED I		DIValo	in of the	clure		Lules
ı		DUE TO, OR AS MONS	THENCHOEL	11	1	2	2- A
ı	Canditians, if any, which	((b) /// P	aslato	Z Luna	Aducor	4	Facouly
L	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF	T			
ı	underlying cause last	(6)	arotinet of				
ı	PART 2. OTHER SIGNIFICANT CO		TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PAI	RT Ita
3	Z Q						
7	THE DATE OF OPERATION THE ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	28e AUTOPSY?	20h IF YES, WERE FI	
	Ē				YES NO X	YES []	NO []
1		THE TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21r HOW INJURY OCCUR	RED TEMPER WATERS OF PURIS	PARTIE IN PART LORPH	A1 2)
1	OF CONTRIBUTING CAUSE OF DEATH	P.M.	19				
1	(FEITHER, HOTHY MEDICAL EXAMINER) 214 INJURY OCCURRED	21e PLACE OF INJURY	CE FARM ETC.	SIL FOCATION	CITY OF TOW	ni (Ouni	re 51478
1	white D wolvers D		10	- W	50		
	22s.1 certify those(I) (the base(to)	decided to declared tra	m-1 5	P DI - 10 00	100 000	1000	the state of last

TO FUNERAL DIRECTOR

MPORTANT, If them 21 is could be defisched for alt the State Dept. of

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAT, CREMATION, REMOVAL

12-11-86 Buria1 John T. Rhines Co., 3015 12th St. N.E., D.C.

Ft. Lincoln

DEGREE

ATTENDING PHYSICIAN

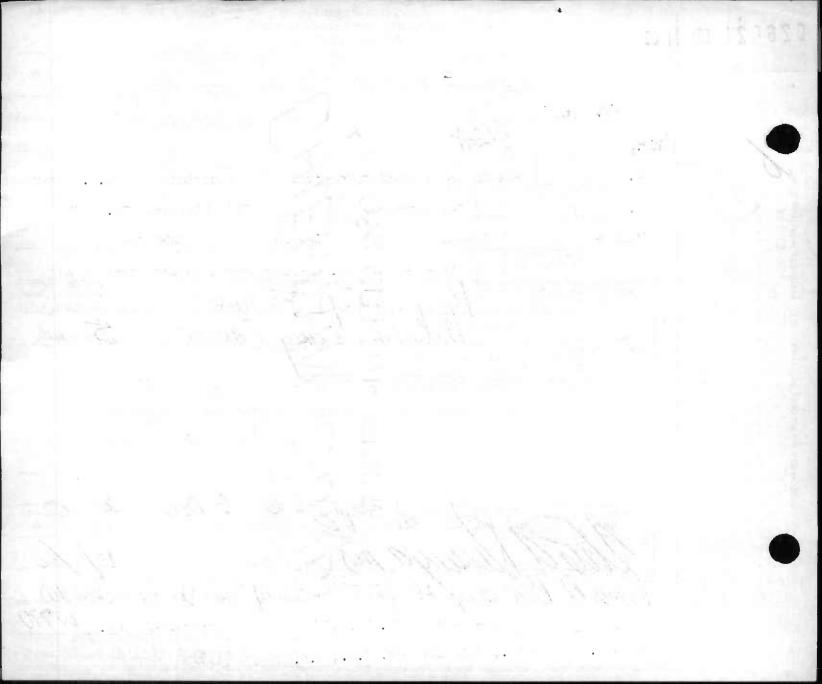
23d LOCATION
CITY OR TOWN
Brentwood

0

COUNTY Md.

200 C

Wia Devider Randales



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-M OUS MAN I. IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNRAL DIRECTOR. ESTAIN PAGE, FOR YOUR FILES. SHOULD BE FILED, WITHIN TO HOURS. AL RECORDS, 201 W. PRESTON STREET, 19 2d HOUR AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX DATE LAST BIRTHDAY) PRONOUNCED MAL 124 74 DEAD BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) MON OM DV Canada DIVORCED Canada WIDOWED 126 KIND OF BUSINESS IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TTYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) 709 Lenmore Ave Carpenter Rockville SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a. STATE 1136, COUNTY 13c. CITY OR TOWN 20850 Rockville 709 Lenmore Ave. NO [Maryland | Montgomery 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GIVE PAGE WITH FOR PAGES I PAGES I MIDDLE LAST FIRST MIDDLE LAST 17. INFORMANT ADDRESS IN SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PARGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED SA 8 BURRAL - TRANSIT PERMIT, PAGES 14 FER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALLIMORE, MARYLAND, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 365-20-2911 Yes WWII APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF erioscierosis Conditions, if any, which COTOLS AT gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION 19n. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY 22a. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted fram: Accident Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 12 - 8 - 86Remova1 BP 07/84 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Lucia Davidson Rande Balto., Md. Anatomy Board (VR A15 ME (5))

and campletely filled in by the funeral dir and 2 should be filed with

STATE OF MARYLAND

1 -	STATE REGISTRAR		DEPAR		ICATE OF	DEATH	GIENE REG.	NO.		
	C BASED NAME	FIRST	MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
_		linton	A .	В	oyll			12 1	4 86	8:30
1.5E	×	4. RACE		5. DATE C		YEAR	& AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male	Cauc	easian	_Sept.		1905	81	YRS	DA73	MIN.
	IRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN	OF WHAT COUNTR	Y? 8. MARRIEI	NEVER	MARRIED -	9 BALTIMORE CITY			
	Indiana	u.s	S.A.	WIDOWE		NORCED	Mont	gomer	c y	M
10. C	Olney		of Hospital, NURS NSUCH FACILITY, GIVE STRI TEGOMETY				120 USUAL OCCUP, (TYPE OF WORK FOR MOS Engineer	ST OF WORKING L	IFE) INDUSTRY	tructio
13a :	AL RESIDENCE (IF NURSI STATE aryland ATHER'S NAME	Montgome	y Silver	NW	YES 🗌	CITY LIMITS? NO []		eisure		
	Chester	WIDDLE	Baull			elanie	WIDDLE		Danda	ullion
	WAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. ARMED FORCE (16 YES, GIVE WAR OR DATI	S? 166 SOCIAL SE		17 INFORM		on ADO		Robin R	ld. 20901
	Conditions, if any, gove rise to imm couse (a), stoting underlying couse	which (bediote of the lost)	D, OR AS A CONSEC D, OR AS A CONSEC	DUENCE OF	T de	ficil	nen		200	with
TION							winal disease or co			
CERTIFICATION	19a DATE OF OPERAT		DEDITION FOR WHIC	H OPERATIO			20a AUTOPSY?	IN CERTI	ES, WERE FINDIN IFYING CAUSES 'ES	
MEDICAL CE	210, ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH ALEXAMINER)	P.M.	DAY YEAR			RRED (ENTER NATURE OF IT	JURY IN ITEM IB	PART I OR PART 2)	
MED	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	(AT HOA	ACE OF INJURY NE, STREET, FACTORY, OFFIC	E, FARM, ETC)	21f LOCAT STRE		CITY OR	TOWN	COUNTY	STATE
	obove, (I) (we) (d	d olive on Oriende	mlose 13	1101	nd that in (my) (out) opinion	death occurred on the	dote and ho	, 19 <u>X & ,</u> our and from the	that (1) (wellos couses stated
	22b. SIGNATURE	hT. Knil	4	MA	DEGREE	ATTENDING PHYSICIAN	MEDICAL S' DIRECTOR PHY	TAFF SICIAN []	22c. DATE	SIGNED 4-86
	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	,		22e. ADDRE	ss . la e		11	1 18.	non Ing

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

offending physicial

TO HOSPITAL OR

should be detoched for use as the burial-transit permit. Then please rer with the State Dept. of Health and Mental Hygiene prior to burial, crem

IMPORTANT: If Item 21 is morked or Item 18 shows any

aumotic ev

injury, or othe

DHMH - 16 60M 7/84 (VRA 15, 4)

Seruch Kimble

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
ALEXANDRIA Virginia

230. BURIAL, CREMATION, REMOVAL Cremation 230. BURIAL, CREMATION, REMOVAL 23b DATE

Cremation

Dec. 15, 1986 Metropolitan Crematory

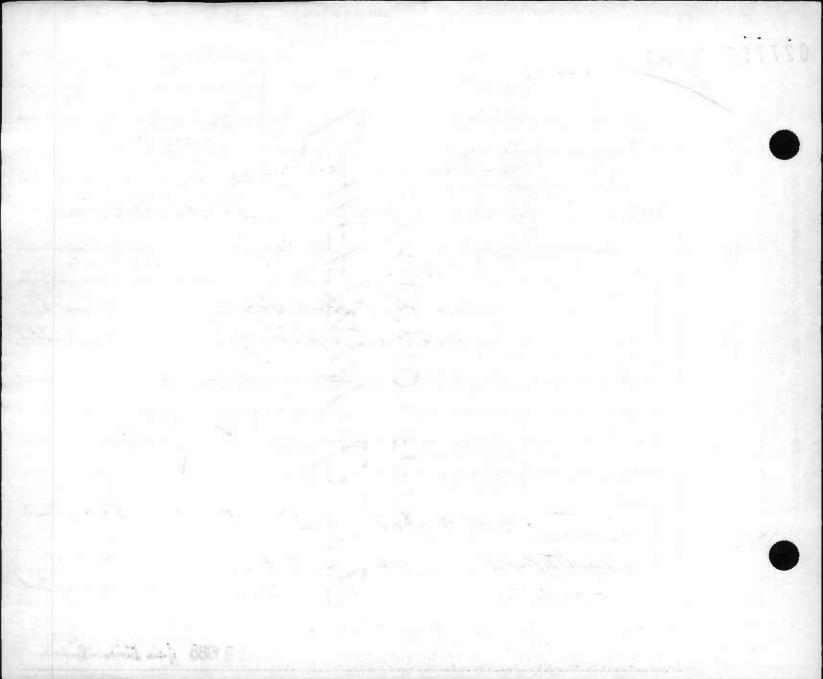
Alexandria Virginia

24 FUNERAL DIRECTOR Francis J. Collinguagess Jr.

NAME

PAGE 18 1986

PA



					STATE (OF MARYLAN	D	8 6)	3 5	0	4 7
1.	FOR STATE					ALTH AND ME		IENE MYRO	ON K.	BRACE	(ET	
	REGISTRAR					ATE OF DE	AIR		REG. NO.			
01	ASED NAME PRINT)	Muror) K		Br	acke	+	2a. DATE OF	DEATH MONI	DAY	86	1350m
3. SE	I	J 4 RAC	E	5	DATE OF	8IRTH DAY	VI.II	6 AGE (IN YE	ARS LAST BIRTHDAY) IF UND	DER I YEAR	IF UNDER 24 HRS
	MALE		WHI	TE	DEC	7. 1	919	6	6	YRS	DATS	HOURS MIN.
	RTHPLACE (STATE OR FO	OREIGN 76. CIT	IZEN OF WHAT	COUNTRY? 8	MARRIED	NEVER MA	RRIED 🗆	9 BALTIMOR	E CITY OR CO			
	Mass		U.S. A		NIDOWER	DIVC	RCED 🗌		MON	GIME		MD.
10 C	TY OR TOWN OF DEA	TH 11. N	NOT IN SUCH FACILI			OTHER INSTIT	UTION	12a. USUAL O			. KIND OF DUSTRY	8USINESS OR
16	Koma PAR	IC W	ASHING	TON ADI		T HOSP	ITAL	CARP	ENTER		SA	NE
	AL RESIDÈNCE (IF NURSI M)	13b COUNTY		ITY OR TOWN	2. 1	34 INSIDE CITY	LIMITS?	13e.STREET A	DDRESS / ZIP		WE.	20912
14. F/	ATHER'S NAME	MIDDIE		LAST	1	5 MOTHER'S A	AAIDEN NAM	ΛE	WIDDLE	/	LAST	
ie"	HORACE		B	RACKE	7	EN	114		WIDDLE		LASI	
	VAS DECEASED EVER I	N U.S. ARMED F		OCIAL SECURIT	TYNO. 1	1 INFORMAN	1		ADDRESS			- 0
,	No	(# 165, 6116 11111	04.	4-12-9	8091	PARIE L	188	ACET.	7020	CHANE	1 D.	R. T.P.
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	AS CAUSED 8Y: IMMEDIATE CAU which ediate the		CONSEQUEN	CE OF	na of	Lun	1	25 da an	tB	8 alun	H Boar
z	PART 2 OTHER SIGN	IFICANT COND	77	BUTING TO DE	ATH BUT N	OT RELATED TO	1	NAL DISEASE	OR CONDITIC	N GIVEN IN	PART Ito	
ATIO	190 DATE OF OPERAT	ENVIO	CONDITION	respir	TERATION	J Jau	lux	20a AUTOF	acva Tank	IF YES, WER	E EILIDIL	00.11050
CERTIFICATION	198 DATE OF OPERAT	ION II	ONDITION I	OK WINCH OF	PERATION	WASGERFORM	VED		IN	CERTIFYING	CAUSES	OF DEATH?
ERT	21a, ACCIDENT WAS UND	ERLYING 7	Ib. TIME OF INJU	IRY		21c. HOW INJU	RY OCCURR		NO I	YES	D D A D I T I	NO 🗌
71 0	OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.M. A	NONTH DAY	YEAR		AT OCCORN	ED (ENTERIORIE	DRE OF HAJORT HATH	IEM IB PART TO	R FRR (2)	
MEDICAL	(# EITHER, NOTIFY MEDIC		P.M.	LIDV	19	II LOCATION						
ME	WHILE NOT WHI	LE []	AT HOME STREET, FAC		w, ETC)	STREET			CITY OR TOWN	LA	LOZ	STATE
	22a. I certify that (I) (sow the decease abave, (I) (we) (di	d alive an	12/4	19 86	10 , and	that in (my) (a	ur) apinion d	, ta leath accurred	on the date a	nd hour and		hot (I) (we) last
	226. SIGNATURE	- A	Cha	e Be	DE	GREE ATT	ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		12 /	4/86
	A A-	ME (TYPE OR PRINT)	CKO			7610.	Car	roll Av	F. Ja/	koma,	Pk	20912
23a 8	BURIAL, CREMATION, F	REMOVAL 23b.	DATE 8 19	123c NA	ME OF CEA	AETERY OR CRE	MATORY	23d. LOCAT		/ cou	NIY	mice

DHMH - 16 60M 7/84

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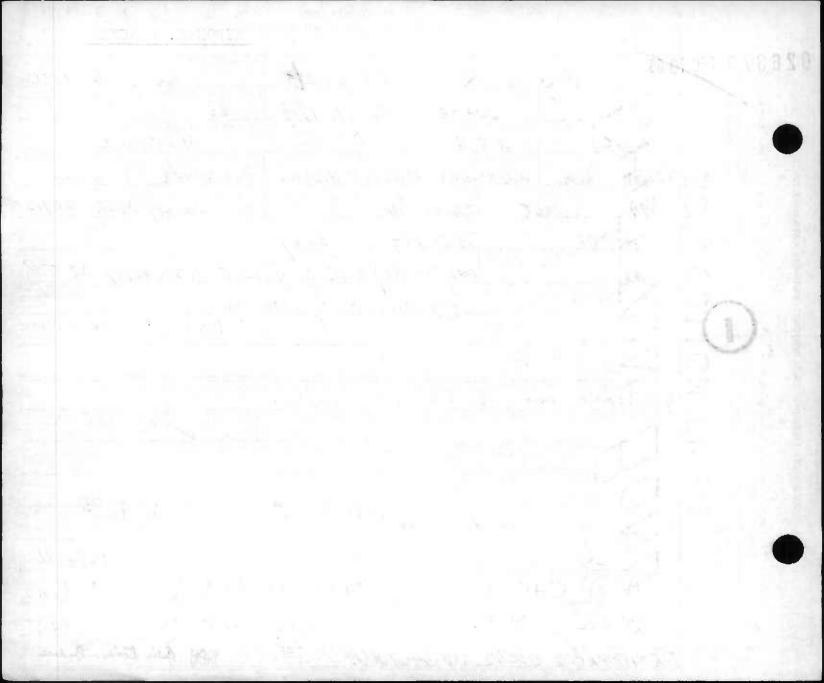
(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

SV Canal State ()

ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



offer death. Page 4 may be

24

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

by the funeral director, page 3 CD is filed within 72 hours after death

oton

STATE OF MARYLAND

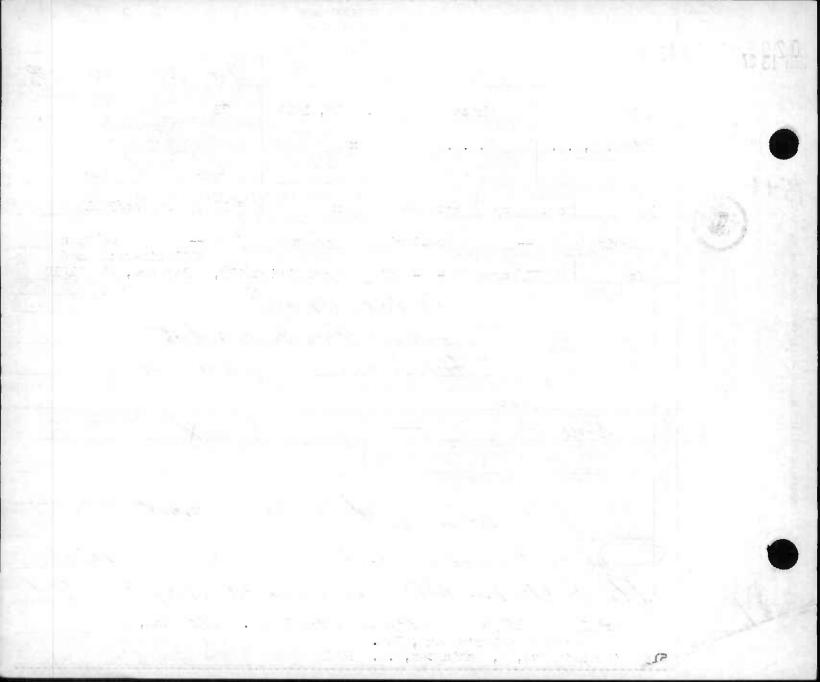
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	REGISTRAR			CERTIF	CATE OF DEATH	HENE	0 110			
I DE	CEASED NAME FIRST		MIDDLE	L/	AST	20. DATE OF DEA	G, NO. TH MONTH	DAY YEAR	2b. HOUR	
	E OR PRINT)					2	29	1001	72	
	LOWEL		J.	BRADF		de.		1700	1/3	
3. SE)	X	4 RACE		5. DATE O		6. AGE (IN YEARS LA	(ST BIRTHDAY)	MONTHS DAYS		
	Male		ite	Jan.		72	YRS			
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
Wa	shington.D.C.	U.S.A. WI		WIDOWE	D X DIVORCED	MONTGO	DUNTY			
10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCU		GLIFE) INDUSTRY	12b. KIND OF BUSINESS OF	
	THESDA		GE HILL E		DA	Lawyer		Law	'	
USUA	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDR	ESS / 710 CC	ODE		
130. 3		gomery	Betheso	_	YES 🔯 NO 🗌	5215 C	edar L	ane/2081	4	
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DIE		AST	
)	Louis	MIDDLE	Bradfo	ord	Frances	MIDI		John		
16a V		RMED FORCES?	16b. SOCIAL SECU		17. INFORMANT	1A	BPRESS T : 1	nkwood R		
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCI (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW TI/Korea 577-					Sharon Chri				21210	
	18 CAUSE OF DEATH (Enter of				Dilaton on .	SOILTEL IN	X201110.	APPRO	XIMATE INTERVA	
1										
	Canditions, if any, which gave rise to immediate	(b)	1 776	3/10/	110000 107	CACAL CAC	P			
NOI	couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEQUE	0501	NOT RELATED TO THE TERM	GONE SANINAL DISEASE OR				
TIFICATION	couse (a), stating the underlying couse last.	CONDITIONS CO	AVYEVA ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY	20b. IF IN CEF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE YES	INGS USED	
CAL CERTIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT		200 AUTOPSY	20b. IF IN CEF	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED	
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS	ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATION AY YEAR 19	n was performed	200 AUTOPSY? YES NO RED (ENTER NATURE C	20b. IF IN CEF	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED	
	COUSE (0), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this has saw the deceased alive of the county of the	CONDITIONS	ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, F The deceased from The deceased from The deceased from The deceased from	OPERATION AY YEAR 19 FARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE C	20b. IF IN CER OF INJURY IN ITEM	YES, WERE FIND RTIFYING CAUSE YES 18 PART 1 OR PART 2) COUNTY	INGS USED ES OF DEATH NO STA	
	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 210. I CERTIFY THAT (I) (This has saw the deceased alive cabave, (I) (Was did) (did in 17th SIGN.)	CONDITIONS	ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, F The deceased from The deceased from The deceased from The deceased from	OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUR 21f LOCATION STREET 21d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	YES NO NOTIFIED OF THE PROPERTY OF THE PROPERT	20b. IF IN CER OF INJURY IN ITEM	YES, WERE FIND RTIFYING CAUSE YES 18 PART 1 OR PART 2) COUNTY 19 hour and from th	INGS USED ES OF DEATH NO STA	
MEDICAL	COUSE (0), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOT HY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (This has saw the deceased live cabave, (I) (Was did vide of the cabave, (I) was did vide of	CONDITIONS	ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL, FACTORY, OFFICE, F C. 26, 19 C. after death.	OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUR 21f LOCATION STREET 21d that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	YES NO RED (ENTER NATURE CONTINUE CONTIN	OR TOWN STAFF HYSICIAN	YES, WERE FIND RTIFYING CAUSE YES 18 PART 1 OR PART 2) COUNTY 19 hour and from th	STA	
WEDICAL	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 210. I CERTIFY THAT (I) (This has saw the deceased alive cabave, (I) (Was did) (did in 17th SIGN.)	CONDITIONS	ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL, FACTORY, OFFICE, F ofter death.	OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUR 21f LOCATION STREET 21d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY: YES NO RED (ENTER NATURE C CITY death accurred an MEDICAL DIRECTOR PI	OR TOWN STAFF HYSICIAN	YES, WERE FIND RTIFYING CAUSE YES IS PART 1 OR PART 2) COUNTY , 19 hour and from th 22c. DAT	STA	

Julia Dividson Rondoca

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

36 DEC-9	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2
4 1	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
35	Ethel	J. B.	randenburg	12	4/86 4:301
3		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	DAYS HOURS MIN.
8	Female	White	Feb. 15, 191	5 71 YRS	MOURS MIN.
9/1		CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUN	TY OF DEATH
30	Maryland A	merican	MARRIED NEVER MARRIED WIDOWED DIVORCED		C
100			G HOME OR OTHER INSTITUTION	Montgomery 126 USUAL OCCUPATION	County MD.
5	Rockville S	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING	
	SUAL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE		Homemaker.	20879
d6	30. STATE 13b COUNTY	/ I3c CITY OR TOW		13e.STREET ADDRESS / ZIP CO	DE
to the same of the	Maryland Mont	g. Gaither	sburgyes 🖾 NO 🗆		Mill Road
12	FATHER'S NAME FIRST MIC	DDIE LAST	15 MOTHER'S MAIDEN N	AME	LAST
2	Thomas	Justice	Joseph:	_	inknown)
16	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU			ery Drive
9	(YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	6156 Doloris F	1100 0	lery brive
2				Ling Germaniou	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: Q.L. NJ	Hypatry 1	· Dure	BETWEEN ONSET AND DEATH
1	IMMEDIATE	CAUSE (a)	Out of		
	4	DUE TO, OR AS A CONSEQUE	NCE OF 1	+ +	1
6	Canditians, if any, which gave rise to immediate	(b)	Billians our	aruron	
6	couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
do a	underlying cause last.	((c)	Conviewe	caneer	
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	IVEN IN PART Lig
ninny,	19a DATE OF OPERATION				
ou ou	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED
	2				TIFYING CAUSES OF DEATH?
å.	21g. ACCIDENT WAS UNDERLYING	ATT THE OF BUILDY	21- 110-14-11-11-14-0-5-51-1		YES NO
	OR CONTRIBUTION C CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR ZIE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART ?)
Ted.	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
2	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ro pa		(AT HOME, STREET, FACTORY, OFFICE FA	ARM ETC) STREET	CIHORIOWN	STATE
100	AT WORK — AT WORK		October 10 86	17/11/	86
	220.1 certify that (I) (this haspital	attended the deceased fram		, 10	, 19 0 4 , that (I) (we) last
= -	saw the deceased alive an_	19 6	, and that in (my) (aur) apiniai	n death accurred an the date and h	aur and from the causes stated

obove, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE

DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

12/5/86

5 Ö

UV

22e ADDRESS

2901 Olney Sandy Spring Road Olney, Maryland

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236 DATE 12/07/1986

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

24. FUNERAL DIRECTOR

Olin L. Molesworth, P.A., Damascus, Md.

Providence Ceme Kemptown Fred. Maryland

250 Date REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

Samascus, Md.

1250 Date REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

Samascus, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please mouth the State Dept. of Health and Mental Hygiene prior to burial, cre TO FUNERAL DIRECTOR: After this certificate has been signed by

MPORTANT: If Item 21 is

21 0-120 7 6 7 8

tervised tones to the contract tones with the contract tones and the contract tones with the contract tones and the contract tones with the contract tones and the contract tones are contract tones.

220-33-5135 Dologia Vilne Cormandose, femalan

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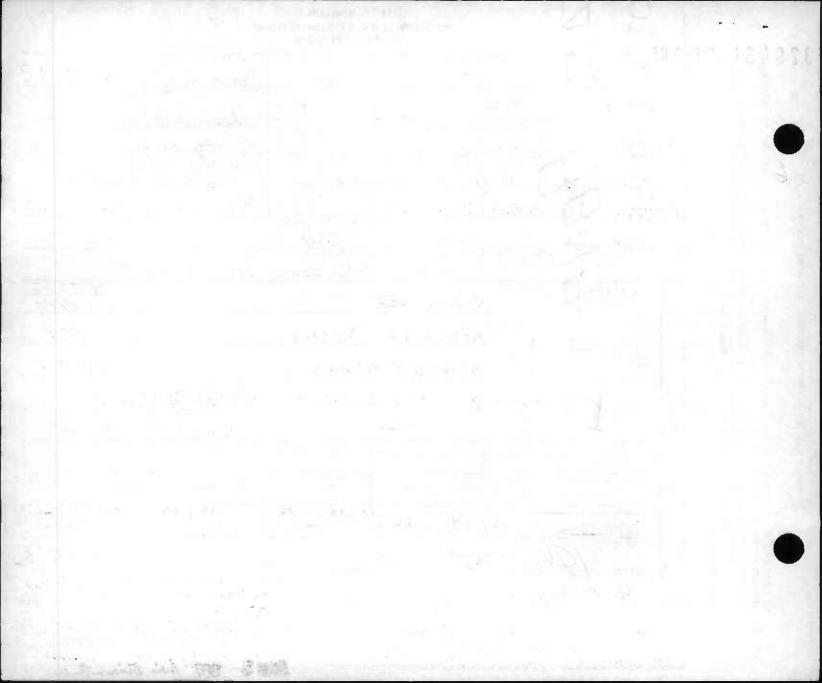
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tendernit transfer of the comment of the first transfer of the fir

STATE OF MARYLAND



STATE OF MARYLAND

	CERTIFICATE OF DEATH	REG. NO.		
MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
D.	BROWELL	12-	22-86	90
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 IRS
	MONTH DAY YEAR	00	MONTHS DAYS	HOURS MIN.

DIVORCED [

YESXX

yee of work for most of working life)
Seceretary

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR INDUSTRY Gov't.

Flanigan

Md. Montgomery Rockville 13d. INSIDE CITY LIMITS?

(IF YES, GIVE WAR OR DATES)

4 RACE

14 FATHER'S NAME Frank

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

NO UNKNOWN

CERTIFICATION

17 STATE I. DECEASED NAME

> Dalton 16b SOCIAL SECURITY NO 155-18-3900

17 N(daughter) Peggy Renfors

15. MOTHER'S MAIDEN NAME

Margaret

213 Hardy Place Rockville, Md. 20852

259 Congressional Ln. #318

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF couse underlying ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

MONTH DAY YEAR

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY HOME STREET FACTORY OFFICE FARM ETC 1 NEWSON. NOT WHILE

21b. TIME OF INJURY

211 LOCATION

CITY OF TOWN COUNTY

STATE

(our) apinion death accurred on the date and hour and from the causes stated DEGREE 776 MGNATUR

Paul T. Noone

ATTENDING

MEDICAL STAFF 50 W. Edmonston Dr., Rockville, Md. 20852

230 BURIAL, CREMATION, REMOVAL

Burial

210. ACCIDENT WAS UNDERLYING

23t. NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery Silver Spring, Md

1331 Rockville, Pike Rockville, Md. 20852

23b DATE

12/27/86

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Tulia Dividion Po

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deta MPORTANT:

ALIE DE STURE A STATE OF THE STA Charact the gray of the state of the The first of the last of the l

FOR

O'T REGISTRAR DECEASED NAME (TYPE OR PRINT

USUAL RESIDENCE

14. FATHER'S NAME

160. WAS DECEASED EVER

Canditians, if any, which gave rise to immediate cause (a), stating the

underlying cause last.

90 DATE OF OPERATION

21d INJURY OCCURRED

WHILE NOT WHILE AT WORK

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

(STATE OR FOREIGN

76 CITIZEN OF WHAT

George R. Snowden Rockville, MD 2085 JA

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T

- STATE

3. SEX

		2	T	A1	ΓE	0	F	M	A	R١	ľL	A	N
mm.	A DT	 7 (0		100		17			8.0	-	84	e e

DEPARTMENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 3	b REG. NO.	3	5 0	3 4
MIDDLE	ST	20. DATE OF D	EATH MO	ONTH DAY	YEAR	2b HOUR
2 / R	- \ \	10/2	101			72354
51 13	rown	12 31	08		NDER I YEAR	IF UNDER 24 HRS
Black JAN	31, 1940	6 AGE (INYEA	-6	YRS.		HOURS MIN.
TIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWEL	NEVER MARRIED DIVORCED	9 BALTIMORI	ECITY OR	COUNTY OF	DEATH -	MD.
NAME OF HOSPITAL, NURSING HOME O		12a USUAL OC	CCLIPATION		12h KIND OF	BUSINESS OR
(IF NOT IN SUCH EACILITY, GIVESTREET ADDRESS)	- Hospital.	SUSTA			INDUSTRY E	3.M,
RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1270CITY OR TOWN Gaithevsburg	13d INSIDE CITY LIMITS?	130 STREET AL	DORESS Z	IP COPIL	HRd.	20879
1 Brown	15. MOTHER'S MAIDEN NA.	rie H	ADDLE AC	ten	LAST	/
FORCES? 166. SOCIAL SECURITY NO. 1960 APES. 141-30-0012	Diare Bro	wnlu	ADDRESS I fe)	SAM	e A5-	#13
e cause per line for (a), (b), and (c'.)	ck				APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	desease					
DUE TO, OR AS A CONSEQUENCE OF						
(c)						
ditions <u>contributing to death</u> but i	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDIT	ION GIVEN	IN PART Iro	
19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOP		Ob. IF YES, W IN CERTIFYIN YES [
21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY I	N ITEM 1B PART	OR PART 2)	
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	216 LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
attended the deceased from 12-/2	2/86 19		13/19	36 , 19.	, tl	hat (I) (we last
	d that in (my) (aur) opinion	death accurred	an the date	and haur ar		Carrie .
w the bady after death.						
eround MD	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIA	N 🗌	1/3	186

220.1 certify that (1) (this haspital) attended the deceased from 77% SIGNATUR Pasqual Perrino, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Removal 1-6-87

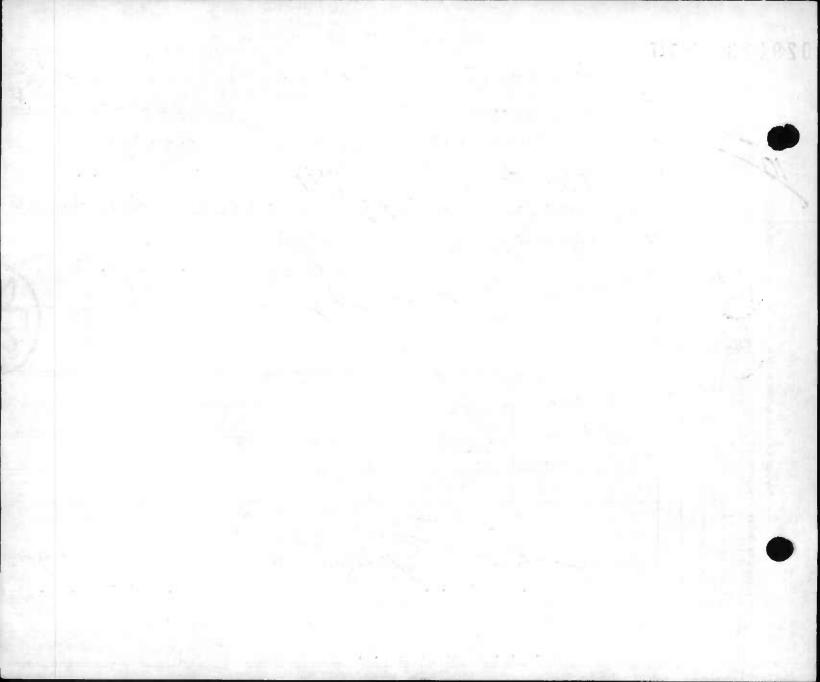
18 CAUSE OF DEATH (Enter only one cause per line for a), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

> 22e. ADDRESS 15225 Shady Grove Rd., Rockville, MD 23c NAME OF CEMETERY OR CREMATORY

Smith Funeral Home Elizabeth, Union, NJ 246 N. Washington 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

March to the gift and by the Latin and the control of the galley at the



STATE OF MARYLAND

P	ARTM	ENT	OF	HEAI	LTH	AND	MENTAL	HYGIEN
		CEI	RTI	FIC	ATE	OF	DEATH	

CERTIFICATE OF DEA	TH	REG. I	١٥.				
LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR.
BRUCE		DEC.	25,	198	86	43	2
DATE OF BIRTH		6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	2-SHE
December 25,	1986	61	YRS	MONTHS	DAYS	HOURS	Will
		9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

CHARLES	WILLIAM	DKUCE
EX	4 RACE	5. DATE OF BIRTH
Male	Caucasian	December 2

MIDDLE

1 / 11 1 1 1 1 1 1 1 1 1

To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? Illinois

MARRIED NEVER MARRIED U.S.A. WIDOWEDXX NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Montgomery 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Construction Eng. GTE-Space

IN CITY OF TOWN OF DEATH Rockville

SHADY GROVE ADVENTIST HOSE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

13d INSIDE CITY LIMITS?

13e.STREET ADDRESS / ZIP CODE 147-C Watkins Mill Road 20879 15 MOTHER'S MAIDEN NAME

Maryland 4 FATHER'S NAME William

130. STATE

CERTIFICATION

FOR - STATE C REGISTRAR PDECEASED NAME

TYPE OR PRINT

Thomas

18 CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c).

IMMEDIATE CAUSE (0

Montgomery

Bruce IAN SOCIAL SECURITY NO

Gaithersburg

Florance 17 INFORMANT

Colahan ADP147-C Watkins Mill Rd Gaithersburg, Md. Daniel Bruce - Son

ME WAS DECEASED EVER IN U.S. ARMED FORCES I IF YES, GIVE WAR OR DATES! WW II Yes

PART I DEATH WAS CAUSED BY

555-22-2462

LAST

emen

2 42

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gove rise to immediate couse (a), stating underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING SEOR CONDITION GIVEN IN PART 110

			0	7	A	B	65	2	3
19n	DATE	OF	OPE	R/	NTIO	N		Т	_

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

IN LERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NAT RE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED

P.M. 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION CITY OR TOWN COUNTY

20a AUTOPSY?

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ above, (1) (we) (did) (did not) view the body after death

2/28 that (Jr (we) last and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED

22b. SIGNATURE

DEGREE mos

may

ATTENDING _ MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

STATE

22d PHYSICIAN'S NAME Augaman 22e ADDRESS 15225 SIMPY GROVE KO

230. BURIAL, CREMATION, REMOVAL Cremation

23c NAME OF CEMETERY OR CREMATORY Dec. 30, 86 Metropolitan Fun. Svc.

Alexandria

Virginiä

24 FUNERAL DIRECTOR Metropolitan Funeral Service

5517 Vine St, Alexandria, Virginia 22310

TRARIAN REGISTRAR'S SIG TATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

d be

DHMH -

	1 -	STATE REGISTRAR	DEPARTI		ICATE OF DEATH	REG. N	0.		
DEC I	(TY)	GRASED NAME FIRST	Zeola L.		LAST	20. DATE OF DEATH	2 /W	86	B HOUPM
director, page 3 hours ofter death	3. SE	Diyani,	4 RACE	5. DATE (H OAY YEAR	6 AGE (IN YEARS LAST BIR	/ /	PHOER I YEAR	# LPHDEP 24 HRS
			Black 7b citizen of what country?	May 8. MARRIE	19,1922 D NEVER MARRIED	64 9 BALTIMORE CITY O	R COUNTY O	F DEATH	
tithe fun	Jan C	laryland ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	WIDOW	DIVORCED	MO1 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON		unty MD. BUSINESS OR
De Je je je	USU	AL RESIDENCE (IF NURSING HOME OR	Shock GROVE	e Ad		COOK		2	カフノコ
		ryland Mont	gomery Gaithe		NO D	9405 Me		ane	0/60
omple of the state	16a. V	'homas Vas deceased ever in u.s. ar	E. Harr		Acklie 17 INFORMANT	MIDDLE		Nicho	ls
Poge medi	('	no	577 34	613	Carla Brya	ant-daught aithersbu	er-94	05 Me	rust La.
(42)		PART I. DEATH WAS CAUSE	D BY:	hen	Cernst	althersbui	rg, Ma	SETWEENO Y2	A AND DEATH
o of the office		Conditions, if ony, which			I yanda	è shock		24-	72hn
d by the leose rer iol, crem or other		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF	Discore			>2	Sel.
Then porto burto burto forto f	NOI	Dr mae	555			INAL DISEASE OR CON			
hos hos	TIFICA	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [VERE FINDING NG CAUSES (GS USED OF DEATH? NO
g physic ertificate iol-trans intol Hygine	-	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2}	
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM, ETC)	216 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
TOR: for us of He		sow the deceased alive on	December 11 19	21	nele				hot (I) (we) lost ouses stoted
the hos		22b. SIGNAPOR	if yew the body difer deom.		ATTENDING	MEDICAL STAI	FF CIANITY	22c. DATE S	IGNED 86
FUNERA ould be d th the Sto		DEN NO STREET	R PRINT)		22e ADDRESS	SHADY GEOV		2085	υ
	23a E	SPECIFY)				23d. LOCATION CHY OR TOWN	terv	OUNTY	state
MARRIED NEVEL MARRIED NAME OF HOSPITAL, NURSING HOME OR OTHER MARRIED NAME AND SESSION II. NAME OF HOSPITAL, NURSING HOME OR OTHER III. NAME OF HOSPITAL, NURSING HOME OR OTHER MARRIED NAME OF HOSPITAL MARRIED NA		25a. DATI	E REC'D. BY REGISTRAR						

STATE OF MARYLAND

STATE REGISTBAR

DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE B C 3 3	0 0 0	
NIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR	
4 •	Brettell	December 4, 1986	8:30 H	
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 HR	S
:e	January 4, 1900	86 YRS	HS DAYS HOURS MIN	4
VHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH	
States	WIDOWED DIVORCED	Montgomery County		٨
OSPITAL NURSIN	G HOME OR OTHER INSTITUTION	12- LISHAL OCCUPATION	IN KIND OF BUICKIESS O	-

DECEASED NAME Blanche 4 RACE Whit Female To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF United New York 10 CITY OR TOWN OF DEATH NAME OF H 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 7708 Dew Wood Drive Housewife Derwood Own home USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Marvland 7708 Dew Wood Drive Montgomery Derwood NO X 20855 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME HIRST FIRST MIDDLE Walter A. Seltmann Blanche Calenberg 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no 085-05-0188 Phyllis B. Kaiser, Same as 13 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM ETC) COUNTY STATE NOT WHILE AT WORK AUGUL 220 I certify that (1) this haspital) attended the deceased from_ sow the deceased alive on August 12 obove (1) (we) (did) (did nat) yew the body after death. that (my) Jour) apinion death accurred an the date and haur and fram the causes stated DEGREE 22c DAJE SIGNED STAFF MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS Duntord

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL

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CRTANT,

230 BURIAL CREMATION, REMOVAL

Burial

(SPECIFY)

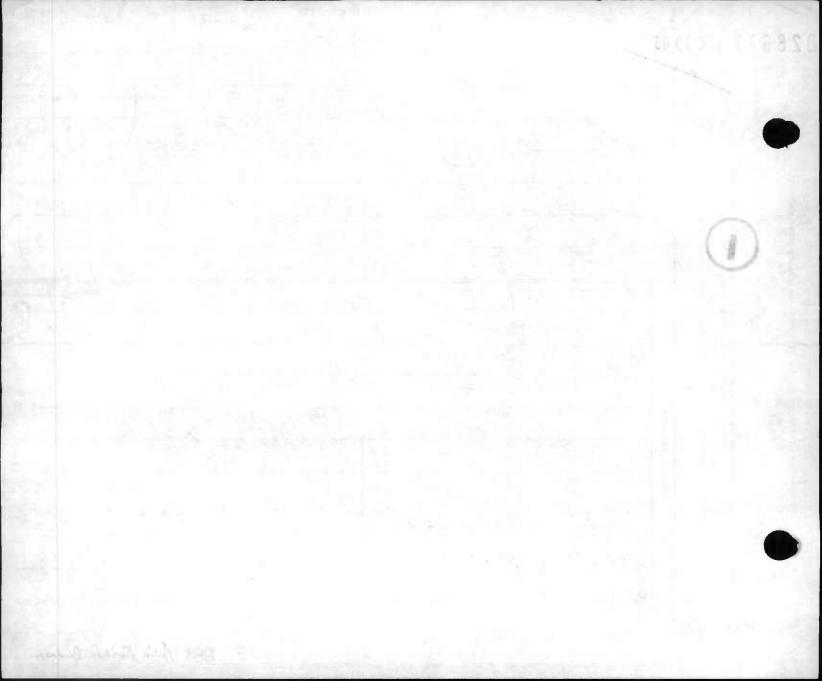
Richard Rapp, Inc. 24 FUNERAL DIRECTOR Street, NW, Washington, 20009 DC

12-8-86

236 DATE

Arlington National Cem Arlington, Virginia STATE

23d LOCATION



FOR

	STA	TE	OF N	IARY	LAND	
DEPARTMENT	TOF	HE	ALTH	AND	MENTAL	HYGI
(1	DT	ICI.	CAT	LOE	DEATH	

ENE

1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.			
I DE	CASED NAME FIRST		MIDDLE	L	AST		ONTH D	AY YEAR	26 HOUR
() PP (JAME	2	PARET	BRI	665	DE	C -	1 86	2355 M
3 SE		4. RACE				6 AGE (IN YEARS LAST BIRTH			
1 3	MALE	CAUCAS	SIAN	SEPTE	MBER 17, 1929	57		ONTHS! DAYS	HOURS I MIN.
		76 CITIZEN OF	WHAT COUNTRY?	8.	M NEVER MARRIED [9 BALTIMORE CITY OR		OF DEATH	
		UNITED	STATES			MONTGOMERY	COUN	ITY	MD.
10. C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION				
RO	CKVILLE				ENTIST HUSP.				JTER CO.
USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		ADMISSION)		124 STREET ADDRESS /	ZIR CODE		
			POTOMAC	14	YES K NO			BOR LAN	NE/20854
14 FA		ALIDDIE.	7241						
JA					IRENE	MIDDLE		PARET	31
			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	S	-	
,			074-24 64	34	PATRICIA BRI	GGS, same as	# 13	3	
	18. CAUSE OF DEATH (Enter or	ly one cause per	line for (a), (b), and	dici				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY			LURE				
	I I I I I I I I I I I I I I I I I I I								,
	Conditions, if ony, which	(b)	A					2 WEE	eks (kyemy)
	gove rise to immediate couse (a), stating the	DUETO							
	underlying cause lost	(c)			DYSCRASHA ((MYELOMA)		S was	17th (Known
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVE	N IN PART 1:	0'
ō		TVM	0/2						
CAT					N WAS PERFORMED	20a AUTOPSY?			
TIF	11/24/86	og :	जाम्बद्धारक स्थापन	ال ا		YES NO	YES		NO 🗌
G				AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PART 2)	
CAL		e lei		19					
(ED)	21d INJURY OCCURRED			ARM FTC 1	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK								
3. DATE OF BIRTH SEPTEMBER 17, 1929 5. DATE OF BIRTH SEPTEMBER 18, DOWNED 10. DATE OF BIRTH SEPTEMBER 18, DATE OF BIRTH SEPTEMBER 18		tho (I) (we) lost							
SACE S.DATE OF BRITH		couses stated							
BAILIMORE CITY OR COUNTY MARRED NEVER MARRIED MONTGOMERY COUNTY MONTGOMERY MO			SIGNED						
BRITHPIACE STATE ORIGINAL THE COUNTRY MARRIED MARRIED MONCED MONTOOMERY THE COUNTRY MARRIED MONTOOMERY TO MONTOOMERY THE MARRIED THE MARRIE					8 86				
SACE SAME CAUCASTAN SEPTEMBER* 17, 19.29 SACE SAME SACE SAME OF CORPORATE SEPTEMBER* 17, 19.29 SACE SAME OF CORPORATE SEPTEMBER* 17, 19.29 SACE SAME OF CORPORATE SAME OF CORPOR			20870						
PART SUBJECTION PART		awille							
23a. F	TIPIAL CREMATION REMOVAL	Tank Division	100 1	JAME OF C	EMETERY OR CREMATORY	1224 LOCATION			
	CORNE, CREMATION, REMOVAL	736 DATE	730 F	ANNIE OI C	EMETERT ON CREMATORT	Z30 LOCATION			
	SPECIFY)		1			CITY OR TOWN	RING.		
	SPECIFY)	DEC. 1	0, 1986	SATE O	F HEAVEN CEM.	SILVER SPI		N	MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

12.61 Shirt) 12 cm - (was min , surroughly or the Arradia Co.) Britain Company Contract Company of the Company

FOR STATE C RESISTEAR	DEPARTA	STATE OF MA	AND MENTAL HYG	IENE REG. NO.	50	0 0
I. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Abra	ham	Brow	dy	12	12 86	19 PM
3, 56×	4 RACE	5. DATE OF BIRTH	1	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Male	Caucasian	May 29,	1905	81 YR	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 XX.	VER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
Wash., D.C.	USA	WIDOWED	DIVORCED	Montge	nie.in/	MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R INSTITUTION	120 USUAL OCCUPATION	126 KIND C	OF BUSINESS OR
Bethesda	Suburban	41	1	Salesman (Re	et.) Au	
USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		IDE CITY LIMITS?	13. STREET ADDRESS / ZIP C	ODE 20	815
	gomery ChevyCl			3311 West (000	
14. FATHER'S NAME			THER'S MAIDEN NA	ME	_	
Louis Ben	jamin Browd	7	Cecelia	MIDDLE	Sac	
160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCIAL SECU		ORMANT	Chevy Chas		
	W II 577-09-9	302A Rel	pecca D. I	Browdy; 3311 W.		
18. CAUSE OF DEATH (Enter a	nly ane cause per line far (a), (b), and	dient -				ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY: ITE CAUSE (a) / Menul	nelell	Shoele		20	the
Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF I	-ailees		2	daya
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	wet of interlement	of Blu	deng	40	loga
PART 2. OTHER SIGNIFICANT PLEASE SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO D	THE LAND THE	LATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	a.
190 DATE OF OPERATION	195 CONDITION FOR WHICH	OPERATION WAS I	PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDI	NGS USED

IN CERTIFYING CAUSES OF DEATH? NOF YES X 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

22a I certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE

MEDICAL STAFF ATTENDING MD DIRECTOR PHYSICIAN

27e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 12-15-1986

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

Bladensburg, Maryland

Rockville, Maryland 250 DATE REC'D. REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR

24 FUNERAL DIRECTOR

IFICATION.

100

ORTANT.

Danzansky-Goldberg Chapels; 1170 Rockville Pike UEC

23d. LOCATION

STATE

STATE

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211	416	VI.	MAKIL	AND

DEPARTMENT OF HEALTH AND MENTAL HY	GIENE		
CERTIFICATE OF DEATH	REG. NO.		
LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b_H
Burness	Dec. 1, 19	86	12
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UN

I. DECEASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(The San Aller)	Mary	C.	Bur	ness	Dec.	1, 1986		12:01
3. SEX	4 RACE			BAN MEAR	6 AGE (IN YEARS LAST BIRT	THDAY) IF U	NDER 1 YEAR	IF UNDER 24 H
Female	W	Mite	Ma	r. 1, 1890	96	YRS.	DATS	HOURS
To BIRTHPLACE (STATE O			TRY? 8	NEVER MARRIED		_	DEATH	
WV	U.S	S.A.			Montgome	ry		
				OR OTHER INSTITUTION			2b KIND C	F BUSINESS
UOUAL RESIDENCE (IF NU 130. STATE MD	Mary C. Burness Dec. 1,		ä	20910				
	MIDDLE	LASI					ook 1AS	ST
(YES NO OR UNKNOWN)				Frederick C	. LeComte 8	^{SS} Wash 21 - 15	DC St.	20005 NW
18 CAUSE OF DEA	TH (Enter only one cou	ise per line for (a), (b	i, and ici.i	0 /	- 50	1	BETWEEN	MATE INTERVAL
PART I. DE ATH		(0) P.42	610 TA	recular (Kecker	d	4	18 h
	y, which	TO, OR AS A GONSI	INCOME	clerow				oge
couse (a), stat	ting the DUE	TO, OR AS A CONSE	EQUENCE OF					
	SNIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT		INAL DISEASE OR CON	DITION GIVEN I	IN PART 1	0
O COLLEGE OPER	MOSCELLA	CONDITION FOR WE	LICH OPERATION		20- ALITOPSY2	20b. IF YES, W	EDE EINIDIR	NC C LICED
190 DATE OF OPER	ATION 178. C	ONDITION FOR WE	IDITION FOR WHICH OPERATION WAS PERFORMED			IN CERTIFYING	G CAUSES	
OD CONTROLINATIO			DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I	OR PART 2)	
2			19	Tan Location				
	TATHO		FICE, FARM ETC)		CITY OR TO	WN	COUNTY	STATI
AT WORK AT W	ORK			77 4 11 37	0		-	
		1 11 19 17	121	of that is (my) (and applies	death assured to the de	, 19 <u>6</u>	6	that (1) (ye)
above, (1) (we)	(dd) (did not) frew the	body after death.			dediti occorregion the de	ne and noor an		,
Abou	PAL	ralle	w	MI ATTENDING			12 / DATE	1/86
721 PHYSICIAN'S	' //							200
Joseph .	J. Wallace	• M.D.		5272 River	Rd., Bethes	da, Md.	208	10

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attribute should be detached for use as the buriol-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to buriol, crematist

24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc. (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BP.

HD Montgomery ilver Scring X alul econd ve. 2010

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Farial 19/1/6 (Eder Hill Com. outland, hut farial Com. Inc.)
To est Combusts (cas.) Inc.
(12.00 or o. out small., int 20016 (cas.))

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						000	DECISTOAD

inscription page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	35	6	62
1,00.110.			

T. DECEASED NAME FRIST MIDDLE LAST (1YPE OR PRINT)	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR								
JOSEPH P. BURKE	December 3, 1986 7 A								
3. SEX 4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HE								
MALE WHITE June 6	1923 63 YRS. MONTHS DAYS HOURS MI								
T. DIDTUDI ACC.	A SALTIMORE CITY OR COUNTY OF BEATH								
Penn. USA WIDOWED DI	MARRIED '								
Penn. USA WIDOWED DI	NORCED MONTGOMERY STITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS (
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY								
SILVER SPRING 1304 CRESTHAVEN USUAL RESIDENCE 1F NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI	Senior Exect. N.S.A.								
13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE C									
MARYLAND MONTGOMERY SILVER SPRING YES IX	NO □ 1304 CRESTHAVEN 20904								
14. FATHER'S NAME FIRST MIDDLE LAST	'S MAIDEN NAME FIRST MIDDLE LAST								
Patrick J. Burke Mar									
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMA									
	e Burke(Wife) Same as 13E								
18 CALISE OF DEATH (Enter Daly one cause per line for (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA!								
PART I. DEATH WAS CAUSED BY: Sudden Cauding As	eath (Arrhythmic) immediate								
IMMEDIATE CAUSE (0) SUGARY COVATA C DE	Elli I minigrati								
Conditions, if pay, which (b) Atherosclerotic Heart Disease. Years.									
All according to the	of Dice-CP								
Conditions, if Day, which gove rise to immediate	rt Disease. years.								
cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	rt Disease. years.								
couse (a), storing the underlying couse lost. (c)									
Couse 101, stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.									
Couse (a), stating the underlying couse last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
Couse Io1, storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO ORMED 200 AUTOPSY2 206 IF YES, WERE FINDINGS USED								
Couse (a), stating the underlying couse last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CONGESTIVE HEAVY FAILURE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW IN	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a ORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?								
DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CONDITION FOR WHICH OPERATION WAS PERFORMED TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELAT	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ORMED 200 AUTOPSY? YES \(\) NO \(\) YES \(\) NO \(\) YES \(\) NO \(\)								
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CONGESTIVE HEAVY FAILURE 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED 210 PLACE OF INJURY 211 LOCATE 212 LOCATE 213 LOCATE 214 LOCATE 215 LOCATE 216 LOCATE 217 LOCATE 218	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ORMED 20a AUTOPSY? YES NO SUSED IN CERTIFYING CAUSES OF DEATH? YES NO SUSED IN CERTIFYING CAUSES OF DEATH? YES NO SUSED NO SUSED IN CERTIFYING CAUSES OF DEATH? YES PART 1 OR PART 2)								
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DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. Columber Course Columbia Course Columbia Course Columbia Course Columbia Course	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO								
DUE TO, OR AS A CONSEQUENCE OF COURTING DOT NOT WHICH	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ORMED 206 AUTOPSY? YES NO PROPERTY NO PART 1 (A) NO PART 1 (A) NO PART 1 (A) ON CITY OR TOWN COUNTY STATE 19 PROPERTY NO (B) (1) (aur) apinion death accurred Dn the date and hour and from the causes stated								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CONGESTIVE HEAVY FAILURE 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INDURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 27a 1 certify that (I (this hospital) attended the deceased from sow the deceased alive an above, (1) (we) (did) faid not view the body after death. DEGREE	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ORMED 200 AUTOPSY2 YES NO NO NO NO NO NO NO N								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CONGESTIVE HEAVY FAILURE 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INDURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 27a 1 certify that (I (this hospital) attended the deceased from sow the deceased alive an above, (1) (we) (did) faid not view the body after death. DEGREE	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ORMED 206 AUTOPSY? YES NO 10								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED OF CONTRIBUTING TO DEATH BUT NOT RELATED 19th CONDITION FOR WHICH OPERATION WAS PERFORM 10th ACCIDENT WAS UNDERLYING TO ALL WAS PERFORM 11th ACCIDENT WAS UND	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ORMED 200 AUTOPSY2 YES NO NO NO NO NO NO NO N								
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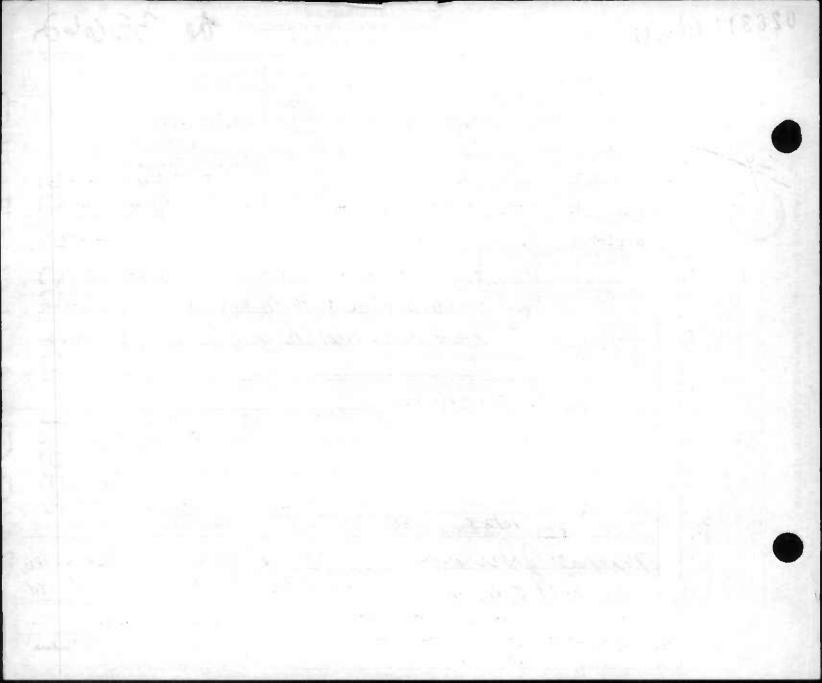
DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Merital Hastin to burial, cremation, ar remayal.

Hines Finaldi 11800 New Hamp. Ave. s.s. Md. (VRA 15, 4)

JE 5 1986 E La Company Condition



FOR - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO

M. DE	ECEASED NAME PE OR PRINT)	FIRST		AIDDLE		AST	20 DATE OF DEATH		YEAR	2b HOUR
	CAPAINIT	Julia	. A:	nn	Bur	kett	Dec.	30,198	6	9:15P
3. SE		4.	RACE		5. DATE C		AGE (IN YEARS LAST BI	RTHDAY) IF UND	DERTYEAR S DAYS	IF UNDER 24 HR
	Female		White			st 30,1937	49	YRS	DAYS	HOURS MI
7a B	SIRTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8		BALTIMORE CITY		EATH	
7	Virginia		USA		WIDOWE		Montgom	erv		,
10 C	ITY OR TOWN OF DE	ATH 11					120 USUAL OCCUPAT	ION 121		BUSINESS
	S.S.		1164	7°° Lockwa	odg I	rive	CIA Au	ditor	DUSTRY	
	JAL RESIDENCE IF NUR STATE Md.	136 GOUNTY				13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	21	79/1
1	Ma.	Mon	t.	13c CITSOR 50W		YES 🛣 NO 🗌	11647 L		Dri	ve.
14. F	ATHER'S NAME	MIE	DDLE	LAST		15. MOTHER'S MAIDEN NAM			1057	
	Clarenc	e L	. B	urkett,	Jr.	Bertha	М.		Pear	ce
	WAS DECEASED EVER		D FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
	N/A	(W TES, OIVE W	AR OR DATES;	78 48 6	5267	Bertha Bur	kett(Mot	her)Sam	e as	13E
	18 CAUSE OF DEAT	H (Enter anly	ane cause per							NATE INTERVAL
	PART I. DEATH V	VAS CAUSED E		10m	exa	tory All	elevel		2/2	9-12
			DUE TO, OF	SAS A CONSEQUE	NCE OF	. //	land of the land			/
	Canditians, if any	, which	(15)	Mon	Me	Obstrue	MARCU	we se	Ka,	cl
	gave rise to im cause (a), stati		DUE TO O	R AS A CONSEQUE	NCF OF					
	underlying cause	e lost.	(0)	AS A CONSEQUE	IVCE OF					
	PART 2. OTHER SIG	NIFICANT CO	NDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	IDITION GIVEN IN	PARI lia	
CERTIFICATION										
S	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WEF		
H							YES NO	YES	CAUSES	NO [
Ü	210. ACCIDENT WAS UN		216. TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	RPART 2)	
N N	OR CONTRIBUTING		P./		19					
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, FA		211 LOCATION	CITY OR TO	IWN C	OUNTY	STATE
Σ.	AT WORK NOT W	HILE D	TAT HOME, SIR	EET, FACTORY, OFFICE, FA	ARM, ETC	/	CITORIC	/		31416
	22a.1 certify that (I	(this haspital) attended the	deregsed from_	121	12 19 06	10 /2/	30 19 6	6	hat (I) (we) I
	saw the deceas abave (11) we) (ed alive an	view the body	alter death	6/0	d that in (my) (aur) apinian de	oth accurred a the d	ate and havr and	from the c	ouses stated
	SIGNATURE		A	arre, deam.	, 1	DEGREE			2c. DATE S	GNED ,
	4/11	11.1.6	- /21	119	11	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN I	12/	31/0
1	22d. PHYSICIAN'S N	AME TYPE OR PI	RINT			22e ADDRESS			/	
	Dr.Per	ny Bi	sk			10313/Geo	rgia Ave	. S.S.M	d.	
23e	BURIAL, CREMATION		23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	123d LOCATION			
	Burial		1/3/8			od Cemetery		on Nort	h Ca	rolit
24 F	UNERAL DIRECTOR			New Hai			REC'D BY REGISTRAR			
	Hiñes/Rir						5 1987	: ACOISTRAR, S		
				_ ~ [J /	1		1		1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

agreety germen 1497-Сельний Отринения сина поли Frank - Proce 185/12 60 14/30

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
:U	MUNE	CEASED NAME FIRST	MIDDLE	1	AST /	20 DATE OF DEATH MONTH	DAY YEAR 26 HOL	110
		JAMP S	PATrich	Bus	64	Pec, 1	5 1986 1:A	XAM
1	1. SEX MALE		1. RACE Black	5. DATE C	F BIRTA	4. AGE (HYEARS LATE WITHOUT)	P BHOSE LYEAR IF UNDER MONTHS DAYS HOURS	MIN.
A	7a. BH	RTHY DACE ISTANSOA FORIGIN	TE CITIZEN OF WHAT COU	NIEVE CE	4 15 1 111	BALTIMORE CITY OR COUNT	V OF DEATH	
1		CROYGIA U.SA. WIDOW				MONTGO	MERY	/ MD.
Ø	C	TY OR TOWN OF SEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	The USUAL OCCUPATION (1995 Selection for the following)	17h KIND OF BUSIN	BSS OR
2		AL RESIDENCE OF SUISING PORCO	POTHER INSTITUTE OF ASSIGNATION STATE 1 1/05			7/95TEYEY	400	99
1	Ma S	STATE / INIT OUN	- 1 WAS	Sh. D.C.	YES \$ NO .	2705 319 900	54 N. E	/
	JA FA	THER'S NAME FIRST OF	MIDDLE	AST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST	
4	16a \A	VAS DECEASED EVED IN ITS AD	MED EODCESS IN SOCIA	I SECURITY NO	12 INISORMANIT	Ma GOVGO	/	- 1/
3	160 WAS DECRASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OGJUNKNOWN) (IF YES, GIVE WAR OR DATES) 259-12-5934, F/Grence Busby (Wife) Same AS							#3
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY.	(b), and to AV	C ABBRA	act	APPROXIMATE INTE	RVAL D DEATH
- 1		Q / 10 CIMMEDIAT	E CAUSE (a)	KUIF	CAMPINE		- Min	MARS
7		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	4+1011		3day	6-
		gave rise to immediate couse (a), stating the	(6)	11901	4 1 1 0 1	1 21 14		7
		underlying cause last	DUE TO, OR AS A CON	e mi	a with	h Blood ITAUS.	Sugar 3600	Ele
	NO	CHERTE SIGNIFICANT C	ONDITIONS CONTRIBUTION	IGNO DEATH BUT	ALL WINDS	MINAL DISEASE OR CONDITION GI	en Al Texic	the
	CAT	190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS PERFORMED,	20g AUTOPSY? 206 IF YE	S, WERE FINDINGS USE FYING CAUSES OF DEA	D
	CERTIFICATION	11-12-86	urina	ery Ol	struction		ES NO [
		OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 21	-
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	1111	19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	~	MILE NOT WHILE		77.	G/	Do 11	(1)	
		220 I certify that (I) (this hospit sow the deceased alive an	7.170 . 11.1	71	196		1926 that (1)	
9			I view the body after death.		DEGREE	death accurred an the date and ho		
/		House Y	3 Action D	21/11	ATTENIDING	MEDICAL STAFF DIRECTOR PHYSICIAN	17 -15	01
1		274 PHYSICIAN'S NAME HYPEO	R PRINT)	11100	22e ADDRESS 7 -	DIRECTOR PHISICIAN	119	1
		CHEORGE	= B, YATI	Rick Jah	D. 5170	er Jubin	20 MA20	alls
	230 B	SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	OUNTY COO N	ለጉግና፣
	24 51	Burial	12-19-86	Harmor	ny Mem. Pk.	Landover, I		1D'
	246 N. Washington Sto Date REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
-	GE	George R. Snowden Rockville, MD 208416 18 1986						

27.50177.52

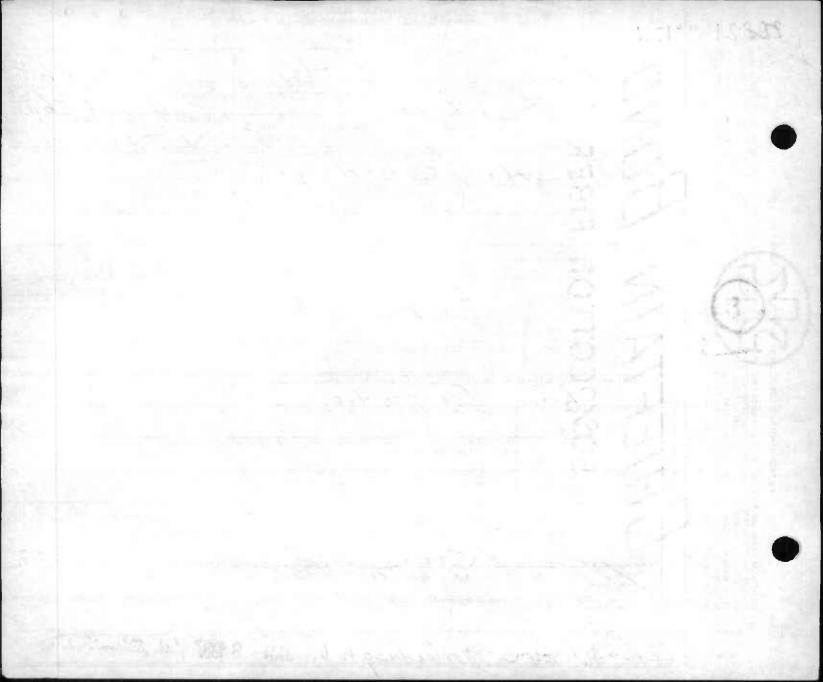
March Mills

Van W

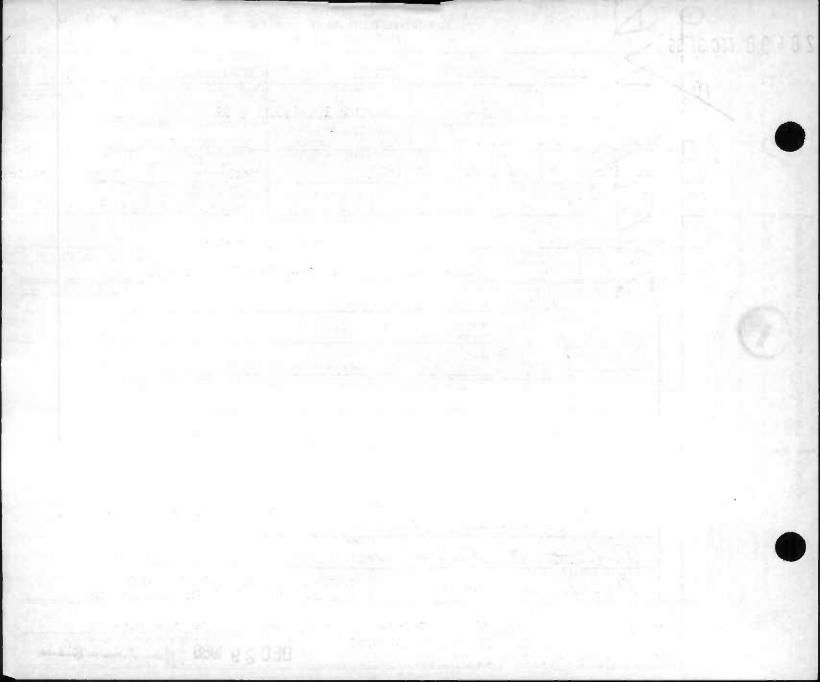
12 C E

STATE OF MARYLAND 28621 JAN SAN DEPARTMENT OF HEALTH AND MENTAL HYGIE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 20. DATE KNOWN Alan Douglas Butler (TYPE OR PRINT) OF ELAY IS NECESSARY, PLEASE TO THE FUNRAL DIRECTOR. IT PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS. ESTI-DEATH MATED TEAR 26 AGE (IN YEARS DATE OF BIRT 8-9 SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE (AST BIRTHDAY) MONTHS PRONOUNCED DEAD 4 Ja BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR FOREIGN COUNTRY) D.C. NEVER MARRIED N MARRIED District Columbia WIDOWED DIVORCED On 0 120 USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Silver Spring (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Handicapped BE SMAL RESIDENCE (IFM NURSING HOME OR OTHER INSTITUTION, GDE RESIDENCE BEFORE ADMISSION) 113b COUNTY 13c. CITY OR TOWN 13d INSIDE TITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring 12001 NO Cherry Hill Road FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Rollyson Douglas Butler Carrol Dorothv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) HEYES GIVE WAR OR DATES! nsburg 131 No 217-70-7998 Carroll D. Butler 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PRESTON ST. PART I DEATH WAS CAUSED BY: DISONARY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSTQUENCE OF Conditions, if ony, which MENTAL gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHEE MEDICAL EXAMORED TO THE CHEE MEDICAL EXAMORED TO THE CHEE MEDICAL EXAMORED BE USED AS A BURIAL! AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION.), DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Accident Notural causes Undetermined monner TITLE (SPECIFY) SIGNATURE XAMENER'S NAME TWE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23¢. NAME OF CEMETERY OR CREMATORY 12/29/86 Arden UMC Cemetery RFD Martinsburg Berkelev Burial 07/84 BP. 25a. DATE REC'D. BY REGISTRAR NAME Brown Funeral Homeodress 327 14. **DHMH - 17**

(VR A15 ME (5))



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALT

CERTIFICAT

E OF DEATH	REG. NO.				H
ey	December 10, 1	DAY 986	YEAR	26 HOU	1394
TH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
DAY YEAR		MONTHS	OAYS	HOURS	MIN.
28, 1895	91 YRS.				
NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

DEPENSED NAME	FIRST		AIQDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
CATHERI	ine.	atherine		Ca	ffrev	December	10. 198	86	10:30
8EX		4 RACE	-	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female		Wh	ite		st 28, 1895	91	YRS.		
BIRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
Ireland		United		WIDOW		Montgomer	y Coun	ty	MI
CITY OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT			F 8USINESS OF
Silver Spri	ng	Bel Pr	e Health	Cent	er	Homemaker		Own h	nome
SUAL RESIDENCE (# NUI 30. STATE	136 COU		134. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
Maryland	gomery	Silver Spi	ring	YES NO K	Ck 1814 Marymont Road			20906	
FATHER'S NAME	WIDOLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	ī	
Patrick			Mooney		Catherine			Col	
(YES, NO OR UNKNOWN)		RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	532 Pe	ppermi	ll Road
No	(# 163, 61	TE WAR OR DATES;	093-30-4	1697	Frederick R.			Blanc,	MI 484
18 CAUSE OF DEA PART I. DEATH V	WAS CAUS		line for m), (b), and	dien 1es	twe Her	art Fail	url	/ /	MATE INTERVAL ONSET AND DEATH
Conditions, if on		DUE TO, O	R AS A CONSEQUE	NCE OF	ellerotic's	Heart De	sense	YRS	
couse (a), stati	ing the	DUE TO, O	r as a conseque	NCE OF					
	PIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	
O 190 DATE OF OPERA	ATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDIN	
						YES NOX	YES		NO 🗌

21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER! 21f LOCATION STREET 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death in (my) (our) opinion death accurred and the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF

PHYSICIAN 124 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23d LOCATION

DIRECTOR PHYSICIAN

230. 8URIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 12-15-86 Gate of Heaven Cemetery

23c. NAME OF CEMETERY OR CREMATORY

CITY OF TOWN COUNTY Hawthorne, New York STATE

24 FUNERAL DIRECTOR Richard Rapp, Inc 1804 T Street, NW,

Washington, DC 20009 250 DATE REC'D. 8Y REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

out the distance of the buriol-transit permit. It is face Dept. of Health and Mental Hygiene pria

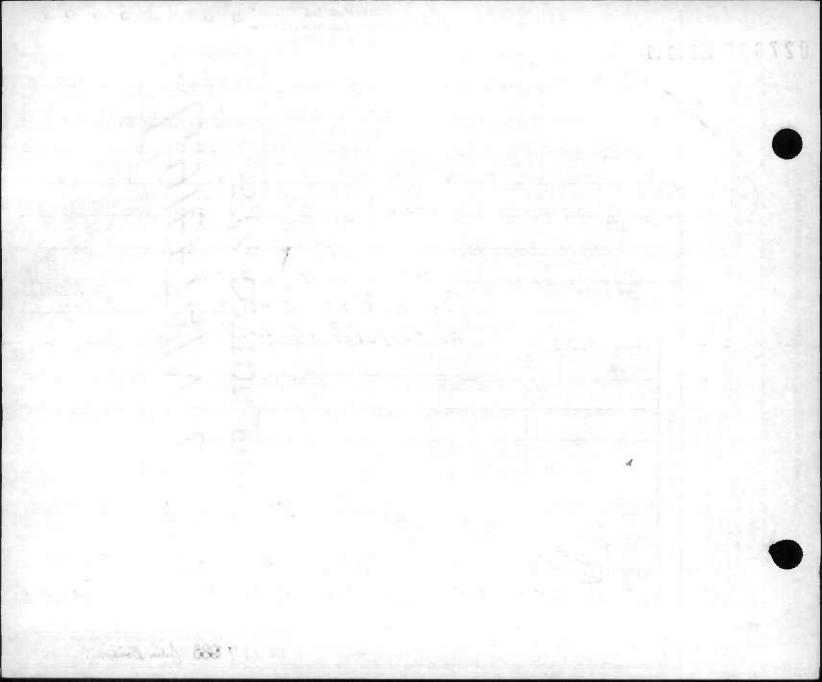
ORTANT: If Item 21 is marked ar

injury, ar other traumatic event, th

FOR

REGISTRAR

- STATE



medica

027395

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE

-	FOR STATE 7 6 REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	
Ì	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	Helen	0.	Callahan	December 12,	1986 650 7
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Female	Caucasian	October 2,1898	88 YRS.	MONTHS DATS HOURS MIN.
3	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	9 BALTIMORE CITY OR COUNT	TY OF DEATH
	New York	United States		Montgomery (County MD.
1	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	7 - 2 0 - 1 0 -	120 USUAL OCCUPATION	2000
1	Silver Spring USUAL RESIDENCE (IF NURSING HOME O	Carriage Hil		Secretary .	Agriculture 20814
	13a. STATE 13b. COU	gomery Bethes	WN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COI 4858 Battery	Lane #411
(14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	TAST
1	Herman	Optiz	Louisa		Haft
	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SEC	,		07 Trim Lane
1	(yes, no or unknown) (if yes, g)	A 578-07-	7932 Donald P. (Callahan Bow:	ie, Maryland
		DUE TO, OR AS A CONSEOU (b) 2/2/2/2/2 DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	iosclerolic.	blastdis.	15 yrs
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	h Operation was performed	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\bigcap \)
	OR CONTRIBUTING CAUSE OF DE	P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive at	tack v	DEGREE ATTENDING	death occurred on the date and ha	the course stored 20 DATE SIGNED DECEMBER 12, 1986
	George F.	Sengstack, MD		bia Blvd, Sil	ver Spring, MD
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY Burial	23b. DATE Dec 23c Ga	NAME OF CEMETERY OR CREMATORY	m Silver Spri	ng Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

Robert A. Pumphrey Funeral Homes EC 16 1986 And Devices Registran's Signature Wisconsin Ave. Bethesda, MD 24 FUNERAL DIRECTOR 7557 Wisconsin Ave., Bethesda

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ST	A1	ΓE	0F	M	ARYL	AND	
 -	_						

	1-	FOR STATE REGISTRAR	DEI		IEALTH AND MENTAL HYG	IENE REG. N	0		1
ł		CEASED NAME FIRST	MIDDLE	0	AST	2a DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	TYPE	ES+LU	er F	Ca	Ivert		12-2:	3-86	10:30 Am
I	3 SEX	1	A RACE I.	S. DATE C		6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS.
Ì		7	W	MONTH 4	DAY YEAR	82	YRS MON	THS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY		DEATH	
	D	DWA V.S.	v.S	MARRIE	DIVORCED	MONTO	OMERZY	1	MD.
	_	CKVILLE	11. NAME OF HOSPITAL, N	E STREET ADDRESS)		12a USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
1		AL RESIDENCE (IF NURSING HOME OR	SHADY GROVE		पर निर्मा		· 1	IZUB	BEIZ PLAN
	13a. S	TATE 136 COUN	TY 13c. CITY OF		13d. INSIDE CITY LIMITS? YES □ NO ☑	130.STREET ADDRESS 23800 WI	TIP CODE	ZRY	28.753
I	14 FA	THER'S NAME	AIDDLE I.A	12.	15. MOTHER'S MAIDEN NAM	AE MIDDLE	4.54	145	
1		JOHN AMI	bers Sm	ith	LAUGA	B	NeA.	SON	1
1		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRI	SS		1
	- ('	NO	480-	26-5357	RAYMENG HO	eung /	ICKES	on, or	northerd.
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	(b), and ici.	Intactor	100		BETWEEN	MATÉ INTERVAL ONSET AND DEATH
ı		IMMEDIATE	DUE TO, ON ASA SON	y 20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 -	. /	4.6		
l		Conditions, if ony, which	DUE TO, CHI ASMI BUIN	fis her	Hear Fails	un / Corona	in Aut Dr	Han	6000 -
ı		gove rise to immediate couse (a), stating the	DUE TO OR AN A CON	ISEQUENCE OF			7		
		underlying cause last.	1 10 Min	state (odlon Ca				15 yrs.
1	NO	PART 2. OTHER SIGNIFICANT CO	onditions CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERMI	inal disease or con	DITION GIVEN	IN PART 11a	1. 0
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED
J	TIE	_		-		YES NOW	IN CERTIFYIN		NO [
1		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTI	H DAY YEAR	21c HOW INJURY OCCURR	ED TENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
ł	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		19					
ł	MEDICAL	21d INJURY OCCURRED -	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM STC I	211 LOCATION	CITY OR TO	wn	COUNTY	STATE
ı		MHILE NOT WHILE AT WORK							
١		22a.l certify that (1) (this haspite sow the deceased alive an	DEC. 23		nd that in (my) (aur) apinian a	leath accurred on the di	23 19		that (1) (we) lost
I		abave, (M(we) (did) (did nat	i view the bady after death		DEGREE			22c DATE S	
	П	Dk. Int	July E	4.4	ATTENDING PHYSICIAN	MEDICAL STA		12/2	23/86
		22d. PHYSICIAN'S NAME (TYPE OR	PRIO	1	22e ADDRESS				
ļ			UARBE		15225 SHA	DY GROVE	Rd. ; Re	CICVIL	LE nD.
		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	4 00	DUNTY	STATE
		BURIAL	12/27/86	SANGL	isly Contry	Keckuk	10	- 1	LOWA

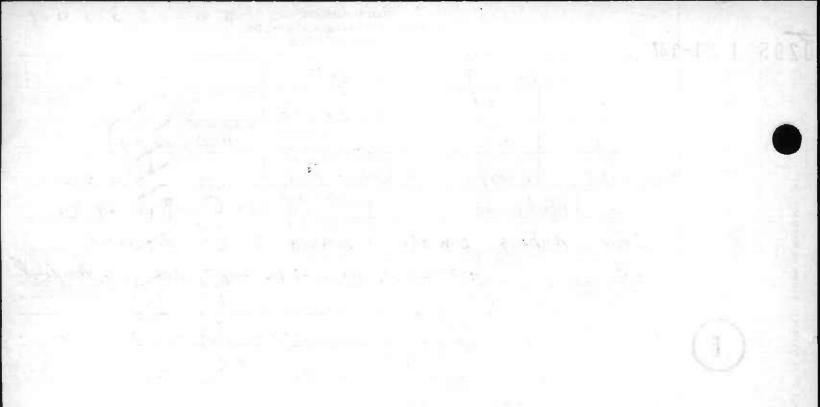
DHMH - 16 60M 7/84 (VRA 15, 4)

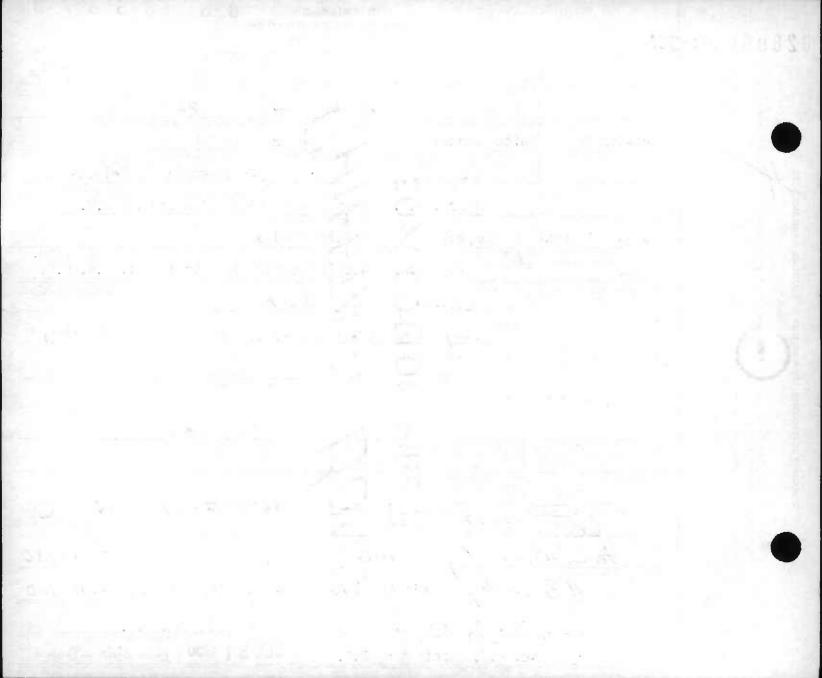
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IMPORTANT: If Item 21 is morked or Item 8 shims any

Man Hilton Burnsulle Mdi

250 Offered By Republisher 250 registrar's signature





STATE	OF	MARY	LAND
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DEC.	NO

0003		1	FOR			DEDADT		OF MARYLAND		8	6	5 3	0 / 1
0.287	8 9 DEC:	118	STATE			VETARI		ICATE OF DEA			REG. NO.		
	me /	DEC	EASED NAME	-iBer	n+n	MIDDLE	2000	ech lor		DATE OF D		H DAY YEA	26 HOUR A
Pay t	M	3. SE			RACE		S. DATE C	F BIRTH		AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNDER 24 HRS
- B	4		M				MONTH	4 18	395	91		YRS	AYS HOURS MIN.
T HO	17/8	100	RTHPLACE (STATE OUNTRY)	OR FOREIGN 7	LISA	WHAT COUNTRY?	MARRIEI WIDOWE	DEVERMAN	RIED	M/		MERY MERY	MD.
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4 hours	The second	The S	TATE	13b. COUNT	THER INSTITUTION	13c. CITY OR TOV	RE ADMISSION)	13d INSIDE CITY L	IMITS? 13	STREET AD	DRESS / ZIP	CODE	
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MAR	1/5/		Luini	M	IDDLE	Capacch	ione	Mar	ia		MIDDLE	Dam	elia
ORE.	1			VER IN U.S. ARM	ED FORCES?	168 SOCIAL SECT	URITY NO.	17 INFORMANT			ADDRESS		
WITT PE	1	No				577-40-5	-	Maria N.	. Peter	ison '	Daughte		PROXIMATE INTERVAL EEN ONSET AND DEATH
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M 10	Rapid		underlying co	ause last.	(c)_	Arten	osele	Losis				ov	10 years
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OF V	1190	ALC	OR CONTRIBUTING		HOUR A	.M. MONTH D	AY YEAR		· OCCOMED	(E.AIEK AMIO	(O 114) ON 1 114 11	EM D FAM FOR FAM	
VISION G PHYS	and all and	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY	FARM ETC)	211 LOCATION		(CITY OR TOWN	COUNT	STATE
D NON	R. Affi		22a I certify tha	t (I) (the hospire	4/	he deceased from	Jus	15,	9.55	, to	20,22	1986	, that (1) (wet-last
ATTE	0 84 -		saw the dec	eosed alive an	No	V120 198	88 . 01	d that in (my) (opinion dea	th occurred o	an the date an	nd haur and from	the causes stated
	D# - E	1	above, *++	eosed alive an _ c + did) (did nat)	view the body	y ofter death.							
0 2	toched se Dept. o		22b. SIGNATURE	(did nat)	view the body	y ofter death.		DEGREE	NDING J	EDICAL _	STAFF	0	ATE SIGNED
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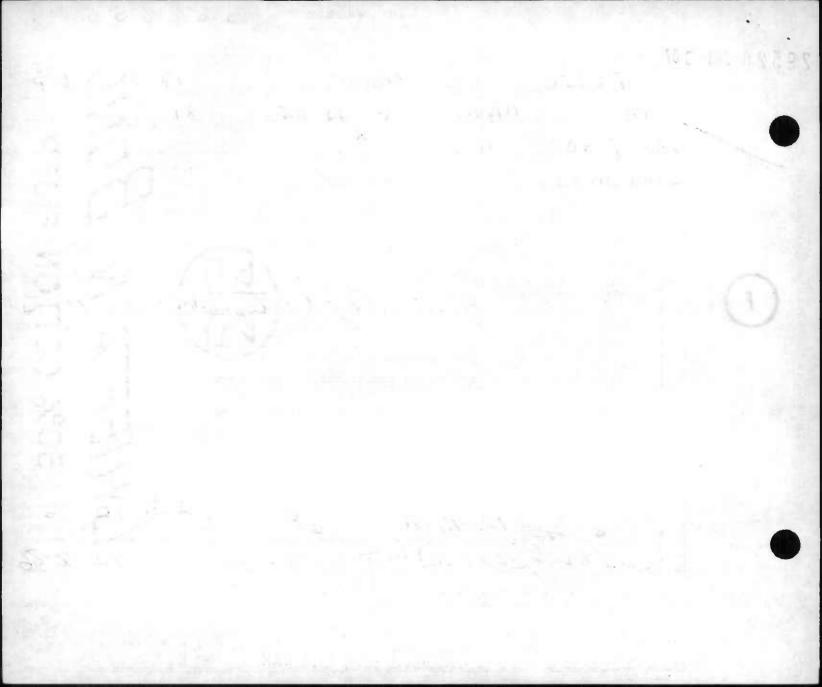
15 T.C. Paper. and the interest of the state o Consequents foreign some flater foreign some filter is the consequence of the the consequ The section with the section of the was a degree of the first of th 20,41 Real 1988 Frait Linea in Complete Greenwood Ta. Cop. Matuland

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ST	ATE	OF	MARYLAND	
	44.6	01	IN PAIN PROPERTY	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR	DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
2 8 IAN -8	TUDE	CEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEAT		DAY YEAR 21	HOUR		
oy be 2 death death	(TYP)	FSTHER	С.	CAPOI	AN		ノユー	30-86	60 PM		
free p	3. SE	X	4 RACE	5 DATE OF	DAY YEAR	6 AGE (IN YEARS LAS			UNDER 24 HRS		
ge .		re	CAUC,	6	22 05		8 / YRS				
1 1 2 A	70 B	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH			
1 1/	13	AShingTON D.C.	115	MARKIED	DIVORCED [Montg	amohu		44.0		
The state of the s	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR		12a USUAL OCCUP		12b. KIND OF B	MD.		
17/19/10	5	IVER SPRING	Carriage Hill	Nursing		Public S	OST OF WORKING HE	E) INDUSTRY			
a pa	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		d. INSIDE CITY LIMITS?	13. STREET ADDRE	SS / ZIP CODE				
4 all sold	Ma	ryland Mont	gomery Silver S	Spring	ES NO NO	1545 Liv	e Oak D.	rive	20910		
the self		ATHER'S NAME	5 1		MOTHER'S MAIDEN NAM						
ad be	1	James	W. Cumm	inat	Mary	MIDDI	Ė	Gree	10		
T O O								Gilee	YL		
di di		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		INFORMANT		DRESS				
medii medii		no	216-74-	7443	Thomas J. Ca	rolan hu	sband .	same as	#13		
(1 N 2		18 CAUSE OF DEATH (Enter on	ly one couse per line for (b) or	ndie	1 - 1		1	APPROXIMA	TE INTERVAL SET AND DEATH		
ent,			ly one couse per line for 10, (b), or D BY	mal	MON BO	102116	noon	21/	12121		
2/1		IMMEDIAT	E CAUSE (0)		700100	1	000		cap va		
# 000 to			DUE TO, OF AS A CONSEQU	ence of							
dec ave aur		Conditions, if any, which	(ib)								
the series		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF							
by by cr		underlying couse lost.	DOL 10, OK AS A CONSEGU	EINCE OI							
poled in a state of the state o		DART 2 OTHER CICARECTANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	AT DEL LIED TO THE TERLIS	5155.65.65.6	OLIDITION OF	5111101071			
sign sign a bu	z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT INC	DI RELATED TO THE TERMI	NAL DISEASE OR C	UNDITION GIV	EN IN PART ITO			
red or t	CERTIFICATION										
by de la	S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	VAS PERFORMED	20a AUTOPSY?	120b. IF YES	, WERE FINDING YING CAUSES OF	S USED		
8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	E					YES NO			NO 🗆		
rsici Tysici Tys	l e	210. ACCIDENT WAS UNDERLYING		2	It HOW INJURY OCCURRI	ED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART OR PART 2)			
Physical Phy		OR CONTRIBUTING CAUSE OF DEA		AY YEAR							
(S)(C)	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	IL LOCATION						
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of of the reserve of	-	AT WORK AT WORK			1 1		2 7	7/			
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TEP TOR OF U		the deceased alive on		ond t	hat in (my) opinion d	eath accurred on th	e date and hou	and from the cou	ises stated		
AT A		17% SISSMATURE	lew the body ofter death	CON	GREE			22¢ DATE SIC	SNED		
The standard		7110	- 1/2 N.	Ma	ATTENDING .	MEDICAL S	TAFF	17	20-71		
		X Septer	get acce		PHYSICIAN 🗂	DIRECTOR PH	SICIAN [12-	20 06		
A be be see SPI		22d. PHYSICIAN'S NAME (TYPE O			2e ADDRESS	70 1	0'0 .	0	11.1		
retained by the retained by the TO FUNERAL should be delived with the State IMPORTANT:	44	George F. Se	ngstack, M.D.		9241 Columbia	a beva.,	Silver.	Spring,	Ma.		
Of of which	230 5	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NIAME OF CEN	ETERY OR CREMATORY	23d LOCATION					
		(SPECIFY)				CITY OR TOW	4	COUNTY	STATE		
BP		Burial	Jan. 3, 1987 Go	ite of	<u>Heaven Cemete</u>						
DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR FRAN	cis J. Collins,	Jr.	25a. DATE	A 100	AR 256 REGIST	RAR'S SIGNATUR	- list		
(VRA 15, 4)	2		lud. West. Silve		na. Md. JAI	6 198	والمال	Million Services	- and		
	1	UU UUM VX/LMAAM L	avida WEDTA DALVI	0 000	Pall Lines						



		1.	FOR		D			ARYLAND	YGIENE O	3 5	6 / 5	
0	27520	11-	STATE REGISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFICATE O	FDEATH	REG. NO.	1.5	
U	27530	LDE	CLASECUMAME	FIRST		MIDDLE		LAST	20. DATE KN	HTHOM W NWO	DAY YEAR 75 HOL	UR
	₩~~¢%₽	(141	PE OR PRINT)	Theodoral	-1-	Francis			OF E	STI-	14 110 06	
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	ELAY IS NECESSAR O THE FUNERAL D PAGE 5 FOR YO BETLED WITHIN		ITY OR TOWN OF D	EATH ALL		PITAL, NURSING HOME			12a USUAL OCCUPAT	ION (TYPE OF WORK	126 KIND OF BUSINESS	AD
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n	N N N N N N N N N N N N N N N N N N N	UŠU	AL RESIDENCE (IF IN I	NUS POR ONE OF CITY	SUDU HER INSTITUTION, GIVE	rban Hospi	Cal					
4	BALTIMORE, MD. 21201 S AFTER BEATH. IF ANY DE GIVE PAGES 1. 2, AND 3. T THE HOSM PM. 3. RETAIN PAGES 1- MD. 2. SHOULD B MIGION PM. M. RECORD		ryland	Charle	8	Harwood	,	13d INSIDE CITY LIMITS?	4776 East	Carmody	Court(20776)
- 1	OVENE T	N.E.	ATHER'S NAME	AAI	DDLE	LAST		15 MOTHER'S MAIDE	N NAME MIDDI		1 451	_
	\$522 N	V	Frederick			LAST		Ellen		Cumbe	rland	
	NOR PER DE	The N	WAS DECEASED EVE		FORCES?	166 SOCIAL SECURIT	Y NO.	17 INFORMANT S	ister	DDRESS 5914	Ipswich Rd.	
	A THE STATE OF THE	1	Yes		0 1971	577 22 35	572	Mildred C		Bethes	da Md.	
	5.33.4	-				ar (a), (b), and (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
	200		PART I DEATH	WAS CAUSED BY		(1)	0	Respir	atory a	rest	BETWEEN ONSET AND DEAT	EH
- 1-	0 25362	1		IMMEDIATE C		S A CONSEQUENCE	OF	9		7		1
	NNS NNS NEW YEAR		Conditions, if		(4)	6,000	Na	ru a	x42005	0(2008	21.	
	OR THE WAY	130	gove rise to couse (o) statio	ng the under-	DUE TO, OR A	S A CONSEQUENCE						
	RDS, 201 W. PREST EXECUTED WITHIN NG" IN PENCIL IN CAL EXAMINER A BURIAL - TRANS HAND MENTAL HAND WATION, OR REM		lying cause los	<u>it.</u>	(c)							
	AND SECOND		PART 2 OTNER SIGNIFIC	ANT CONDITIONS CONTI		UT NOT RELATED TO THE TERM	INAL DISEASI	OR CONDITION GIVEN IN PA	RI 1 au			=
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	A SHAPE	Ĕ									YES NO X	ō
	A SENTENCE OF THE SENTENCE OF	1 8	210. EXTERNAL CA		21b. TIME OF	INJURY	21c HO	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA		
	SHOOT A	1 ×	UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT		MONTH DAY YEAR						
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 RITING THE WORD "PENDING" IN PENCIL IN ITEM. ROED TO THE CHIEF MEDICAL EXAMINER ALM SE 35 HOULD BE USED AS A BURIAL. PRANS PERMISTOR FEMALTH AND MENIAL IN GIERE OF PRESENTANCING. OR REMINAL IN GIERE OF PRICE AND PRICE TO BURIAL, CREMATION, OR REMINAL IN GIERE OF PRICE AND ADDRESS OF PRICE AND A	Ö	21d INJURY OCCU	RRED	21e PLACE O	F INJURY (AT HOME.		CATION				_
	VRIT VRITE DE SOL	Z	WHILE D NO	T WHILE	STREET, FACTO	DRY, FARM, ETC.)	S	TREET	CITY OR TOWN	СО	UNTY STATE	i
	MANER: THIS CERTIFICATE SHOULD BE EXECUTED WIFECATE, WRITING THE WORD "PENDING" IN PEN BE FORWARDED TO THE CHIEF MEDICAL EXAMITECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - THE THE STATE DEPARTMENK, OF HEALTH AND MENT YLAND, 21201 PRIOR TO BURIAL, CREMATION, OR								N F	1 .		
	A A S S S H S					ribed above, held on	Autop		, , –	and in my a	Sinian	
	AMI RTIF REC REC RTH RYL		deoth resulted fro	m: Noturol co	ouses [],	Accident L., Su	icide 📖	, Hamicide	Undetermined monn	er [],		
	X S S S S S S S S S S S S S S S S S S S		ACTUAL	the	Jan	le		TITLE (SPECIFY)		DATE	17-4-86	
	ZEZZEZ Z	カラ	SIGNATURE				M	0	MEDICAL EXAMIN	R SIGNI	10 Sur-	_
	MED A A A A A A A A A A A A A A A A A A A		EXAMINER'S NAM (TYPE OR PRINT)	100 B	NI	1 charbon		ADDRESS 5	218 615	SCONSI	N AUR	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 P	23a,B	URIAL CREMATION		ATE	23c. NAME OF CE	METERYO		23d. LOCATION CITY OF TOWN			=
07/		(BURIAL		.8,1986			tional Cem		Lington V		
25٨	1	24. F	L DIRECTOR	DeVol Fi	meral H	ome2222 T	Visc	Ave 250. DATE	REC'D. BY REGISTRAR	25b REGISTRAR'S	SIGNATURE	_
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E .M. S. N.J. Le . Stew Falls Michigan

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LIL L. 17 LONG TO LONG

DHMH - 16 60M 7/84

(VRA 15, 4)

page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

- STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH FIRST 2b HOUR (TYPE OR PRINT) 198610:20P Agnes Carton Dec. 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX MONTH YEAR Female White 18 1886 Nov. 100 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Ireland WIDOWED Montgomery NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bel-Pre Health Care Center Silver Spring Retired Nurse Nursing HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Montgomery 13e.STREET ADDRESS / ZIP CODE Mary land 13d. INSIDE CITY LIMITS? Silver Spring 2601 Bel-Pre Road NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST (unobtainable) Carton (unobtainable) (Conservator) Md. Natl. Bank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT TIF YES, GIVE WAR OR DATES) 124-12-2526 2 N. Charles St. Balt. Md. June Coldwell APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20h IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20e AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deseased alive on (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, M (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE THE DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 270 PHYSICIAN'S NAME (TYPE OF PRINT) 226 ADDRESS 4115 Colie Dr. Wheaton, Md. Raymond T. Benack, MD

230. BURIAL, CREMATION, REMOVAL (SPECIFY Burial

23b DATE 12-8-1986

23c. NAME OF CEMETERY OR CREMATORY Maryland Veterans

23d. LOCATION Chertenham Prince Georges Md.

24 FUNERAL DIRECTOR

11800 N.H. Ave..

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Hines/Rinaldi Funeral Home Silver Spring, Md.

1986

BP.

DHMH - 16 60M 7/8

(VRA 15, 4)

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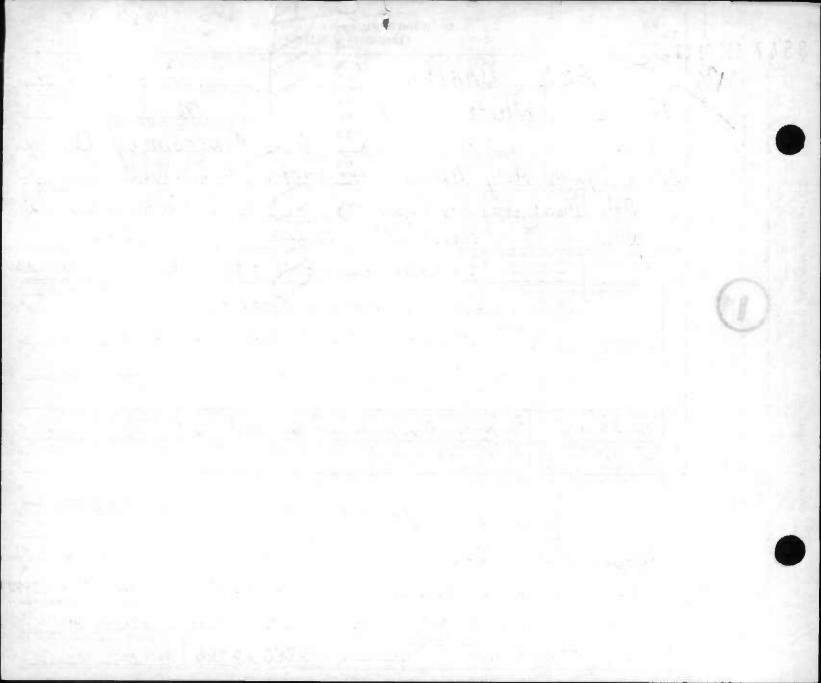
FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

5 6

1	PDEC	CHASED HAME FIRST ACLE!	s (hA/fin	/ LAS	7	20 DATE OF DEATH	MONTH DAY	1 86	230pm
5	SEX	1,00	1 RACE	<i>ts</i>	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BI	THDAY) # U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		□ NEVER MARRIED □	9 BALTIMORE CITY C	R COUNTY OF	DEATH	7
8	10. CT	TY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSING	HOME OR	OTHER INSTITUTION	120 USUAL OCCUPAT	ONDE WORKING LIFE)		BUSINESS OR
16	USUA 13a S	100	OTHER INSTITUTION	GIVE RESIDENCE BEFORE A	- 11	34. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	v9to	20906 N N.
1	1	THER'S NAME LOUIS	MIDDLE	TEITELB	AUM	TËMA	WIDDIE		LVERI	MAN
	16a W	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV ——	MED FORCES?	166 SOCIAL SECUR 112-09-0		7 INFORMANT Rene Kozloff	; 11313 Mar		d., Ro	ckvilleMd
		18 CAUSE OF DEATH (Enter or PART f. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE CAUSE (o)	11 11 .		NIC SI	Hock.		APPROXIM BETWEEN OF	ATÉ INTERVAL NSET AND DEATH
ile.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, OF	AS A CONSEQUENT	ICE OF	MYOCARI		FARCTIO,		
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION 12, 23. 86		TION FOR WHICH C	PERATION		AINAL DISEASE OR CON	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING	
1		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.	A. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)L	RY IN ITEM 18 PART 1	ORPART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FAR		21f LOCATION STREET	CITY OR TO	NWI	COUNTY	STATE
		22a.1 certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	12.2	4 19 8		that in (my) (our) opinion			22c DATES	
		276 PHYSICIAN'S NAME (TYPE OF RATIND)	,	· SAR		PHYSICIAN (22e ADDRESS 6201978	MEDICAL STA DIRECTOR PHYSIC	1	ye Pi	1
		URIAL, CREMATION, REMOVAL SPECIFY) BUTIAL		26,1986		METERY OR CREMATORY ON Hirsch	Cem State	en Isla	und,	N Y STATE
		ineral director In zansky-Goldbe	rg Chape	Rockvill ls; 1170	e, Ma Rocku	ryland 250 DAI ille Pike DE	C 2 9 1986	25b. REGISTRAR	'S SIGNATU	RE D



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STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYCICHE

REGISTRAR		CI	ERTIFICATE OF DEATH	REG. NO.	
(TYPE OR PRINT)		NODIE	Chapman	December 10,198	36 PLAN D
Male	4. RACE Cauca	2 2 2 2			FUNDER TYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FORE: Virginia	ON 75 CITIZEN OF V	M		9 BALTIMORE CITY OR COUNTY O Montgomery	OF DEATH
Gaithersburg	74 Wes	t Deer Parl	Rd., #T-4	12a USUAL OCCUPATION TYPE DE WORK FOR MOST OF WORKING HEEL Mash tenance Work	126 KIND OF BUSINESS O INDUSTRY Cemetery
13a STATE 13b	COUNTY	13c_CITY OR TOWN	13d INSIDE CITY LIMITS?	74 West Deer Par	k Rd., #T-4
4 FATHER'S NAME FIRST Conley	MIDOLE	Chapman	Jenny	MIDDLE MIDDLE	LAST
				pman same addres	s as #13
Conditions, if ony, wh gave rise to immedicouse (a), stating	CAUSED BY: MEDIATE CAUSE (a) DUE TO, OR ote the DUE TO, OR	ARDIOPUL ASA CONSEQUENCE SASTRIC		REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LUMBO IATA LUMBO IATA
	OBSTRUC	TURE PULL	YONARY DISE	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
OR COLUMNICATION COLUMN	E OF DEATH HOUR A.A.	A, MONTH DAY A.	YE AR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
WHILE AT WORK	(AT HOME STRE	CITY OR TOWN	COUNTY STATE		
sow the dereosed o	live on DEC	19 87		death accurred on the date and hour	
Sloy	Bol.		MUG7 PHYSICIAN	MEDICAL STAFF	12/10/86
6662	GB BOLD	N, M.D	7 ROCKVILL	ICH CENTES (H), 20951)R, #138
7 1 1 1	Male 10. BIRTHPLACE (STATE OR PORE VIrginia 10. CITY OR TOWN OF DEATH Gaithersburg USUAL RESIDENCE (IN NURSING IS AT STATE Maryland 4. FATHER'S NAME PRIST CON LEY 10. WAS DECEASED EVER IN U. (YES NOOR UNKNOWN) 11. CAUSE OF DEATH IE PART I. DEATH WAS INV Conditions, if ony, wh gove rise to immedicate to immedicate in the state of t	Male JA BIRTHPLACE (STATE OR FOREIGN CAUCAS JA BIRTHPLACE (STATE OR FOREIGN VITGINIA USA JO CITY OR TOWN OF DEATH JI. NAME OF H Gaithersburg 74 Wes JUSUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION 130 STATE 135 COUNTY Maryland Montgomery 4. FATHER'S NAME FIRST MODIE CONTENT MODIE 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: JEMMEDIATE CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: JEMMEDIATE CAUSE OF DEATH (E) CONDITIONS (b) PART 2. OTHER SIGNIFICANT CONDITIONS COUNTY (IF EITHER NOTIFY MEDICAL EXAMINER) 199. DATE OF OPERATION JOB CONDITIONS COUNTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION COUNTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION COUNTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF COUNTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF COUNTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF COUNTY OF COUN	Male A. RACE aicasian S. I. Male A. RACE aicasian S. I. Male A. RACE aicasian S. I. Male A. RACE aicasian S. I. Male A. RACE aicasian S. I. Male A. RACE aicasian S. I. Male A. RACE A. RAC	Chapman Chap	DECEASED NAME

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

Dec. 14,1986 Elizabeth Cemetery

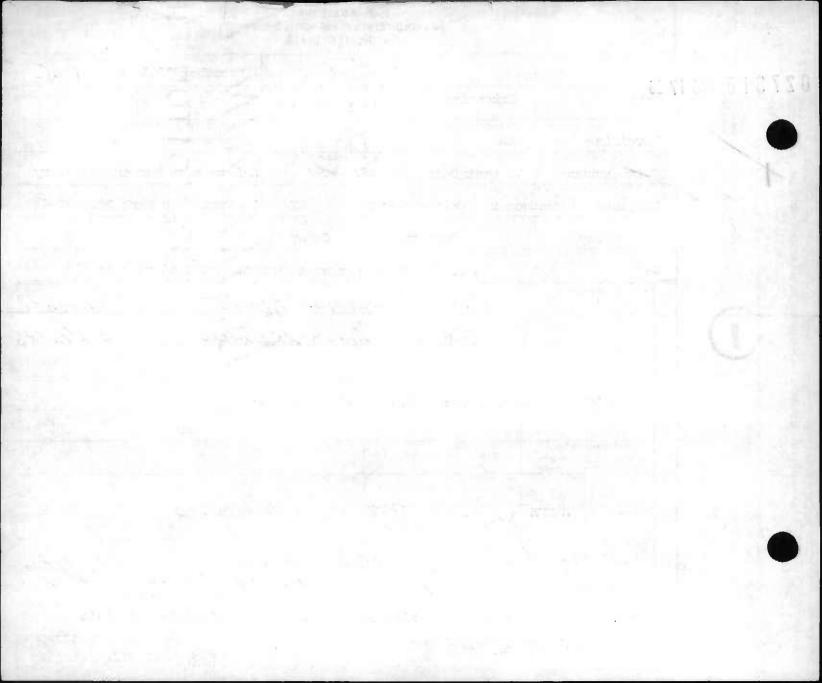
Saltville, Virginia

STATE

74 FUNERAL DIRECTIVES - Pearson Funeral Homes Arlington, Va. 22201

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

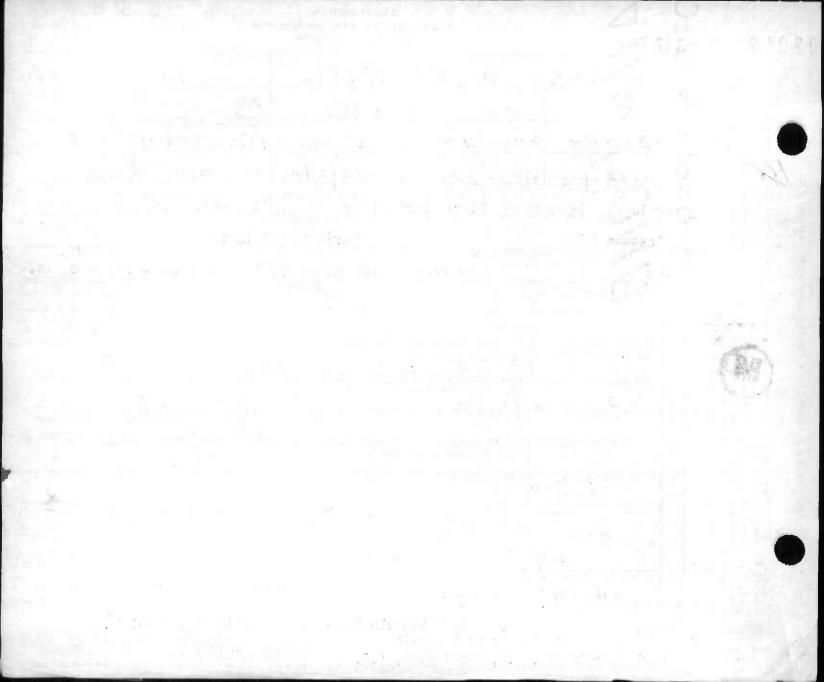
Julia Divideon Pendace



7400 Georgia Ave. N.W. Washington, D.C.

(VRA 15, 4)

STATE OF MARYLAND



DEC

STATE OF MARYLANI)
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1	FOR - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	10		- 1
DE	GEASED NAME	FIRST	,	MIDDLE	i.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYP		amala		(NMN)	Che1	lappa	December 2	24, 19	86	2:00a M
3. SE	× Female	4	RACE Ind	ian O	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIF	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) India 76. CITIZEN OF WHAT COUNTRY? MARRI MIDOW					MARRIE!	DI DIVORCED	9 BALTIMORE CITY O Montgome:	OR COUNT	unty	MD.
Be	thesda	1	I.I.H	HEACHITY, GIVE STREET Clinical	ADDRESS) Center	r other institution . Beth. Md	Thysician			of BUSINESS OR
n la	AL RESIDENCE (IF NUR STATE ryland	Mont.		13c. CITY OR TOW Potomac		YES NO	13e STREET ADDRESS 11220 Bedf			1854
	ATHER'S NAME FIRST A •	v.		vmani		15. MOTHER'S MAIDEN NAM Subbalaks	WIODIE	Pich	vmani	
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE W Non		220-82-5		17 INFORMANT Mr. V Add. same as	· v Chella	appa ((husband	1)
	18 CAUSE OF DEAT PART I. DEATH V	M (Enter only VAS CAUSED I	BY:	line for (a), (b), on Respirat					BETWEEN 15 m	ONSET AND DEATH
	Canditians, if any gave rise to im cause (0), stati underlying cause	mediate ng the	(b) (b) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	r as a conseque	se an	d Pulmonary E	dema			onths
NO	PART 2 OTHER SIG	NIFICANT CO	nditions <u>co</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GI	VEN IN PART 1	a" "
TIFICAT	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	S, WERE FINDIF FYING CAUSES ES	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19					21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJL	JRY IN ITEM IB	PART OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			21e PLACE (OF INJURY BEET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
	22a. I certify that (I saw the decease abave, (I) (we) ((this haspital ed alive on D	attended the	e deceased fram 1 r 24 19	1ay 12	d that in (my) (aur) apinion of	taDecember death accurred an the d			that (I) (we) lost causes stated
	22b. SIGNATURE	011		- Mo	į.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		220. DATE	314-86
	22d. PHYSICIAN'S N	AND ITYPE ON P	Helt)			22e ADDRESS Nation	ol Inotitud	taa 0:		

A. LECCIONES

22e ADDRESS National Institutes Of Health Clinical Center, Bethesda, Maryland 20892

230. BURIAL, CREMATION, REMOVAL 23b. DATE CREMATION DEC/24/86

23c. NAME OF CEMETERY OR CREMATORY CHAMBERS CREMATORY

23d LOCATION
CITY OF TOWN
RIVERDALE MARYLAND

24 FUNERAL DIRECTOR

RY RIVERDALE, P.G. CO. M.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached far use as the burial-transit permit. Then please remi with the State Dept, of Health and Mental Hygiene prior ta burial, crema

IMPORTANT: If Item 21 is marked or Item 18

CHAMBERS FUNERAL HOME SILVER SPRING, MARYLAND

DEC 2 9 1986

Julia Tindron Pardall

128587 1131 13

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Month.

THE PROPERTY OF THE PROPERTY O

Control of the state of the sta

STATE OF MARYLAND

DATE OF BIRTH MONTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
	2a DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R
	December =	18,10	986	1:0	ORN
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS
2	64 YRS	WONTHS	DATS	HOURS 1	M IN.
	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		

To BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? COUNTRY CHINA

AA IDIDI E

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic.

Yun - HSIA 4 RACE

Shady

CHINESE

MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MONTGOMERY (TYPE OF WORK FOR MOST OF WORKING LIFE)

13e.STREET ADDRESS / ZIP CODE

176 KIND OF BUSINESS OR

SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY MONTGOMERU A FATHER'S NAME

REGISTRAR DECEASED NAME

FEMALE

10 CITY OR TOWN OF DEATH

GAITHERSBURG

13c CITY OR TOWN POTOMAS

Grave Advents

15. MOTHER'S MAIDEN NAME

113d INSIDE CITY LIMITS?

70g AUTOPSY?

CITY OF LOWN

and that in (my car) apinian death accurred an the date and have and Iram the causes stated

1813

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

ARMED FORCES? HEYES GIVE WAR OR DATES)

038-54-5061

17 INFORMANT

CHAREN

1813 CHAREN LA. POTOMAC. MD

W.ee

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

190 DATE OF OPERATION

71d. INJURY OCCURRED

DUE TO, OR AS A CONSEQUENCE OF upertension DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ntracrania

21e PLACE OF INJURY

DEC. 22

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

a. ACCIDENT WAS UNDERLYING ARCONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	D
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	

AY YEAR 19

AT HOME STREET, FACTORY, OFFICE, FARM ETC 1

211. LOCATION STREET

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

DECOMBER 2819 86

COUNTY STATE

27a. | certify that (1) Phis hospital) attended the deceased fram_ saw the deceased alive on DEC LL abave, (1) was fided and view the bady after death

NOT WHILE

DEGREE M=D

22e ADDRESS

DECEMBER 14

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

36

22¢ DATE SIGNED

MIGMIN 73a BURIAL CREMATION, REMOVAL

136 NAME OF CEMETERY OR CREMATORY

CHAMBERS

73d LOCATION CITY OR TOWN RIVERDACE

DHMH - 16 60M 7/84

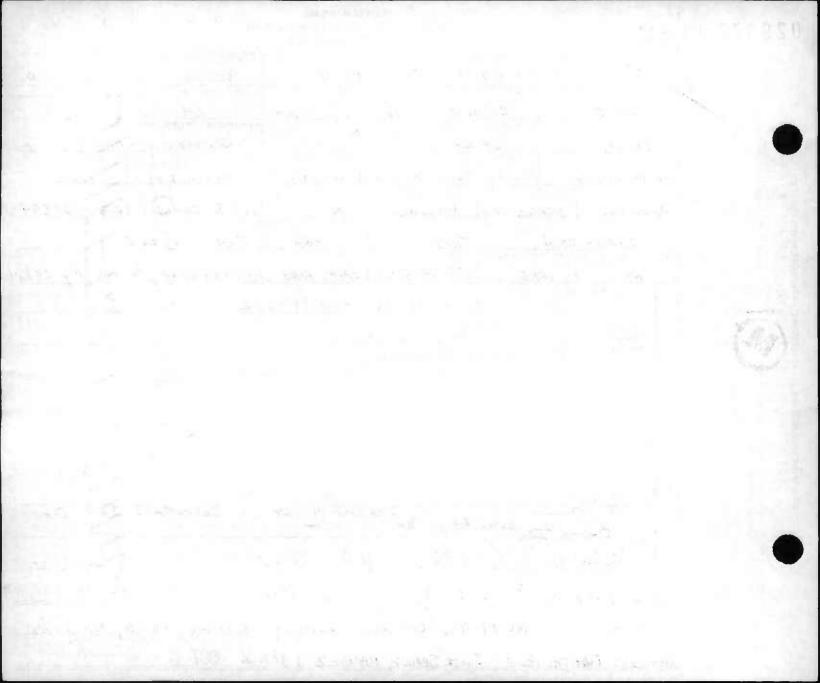
CREMATION 24. FUNERAL DIRECTOR

CREMATORY

ilia Davidson. Randall

(VRA 15, 4)

DRITANT



		.1.	FOR STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 3	5 0 8 U
8/	27 DEC 31 (S P DE	REGISTRAR CEASED NAME FIRST	MIDDLE	_ LAST	REG. NO.	M JAR TO HOUSE
	e e e		FORPRINT) DOROTHY	GREFV4	CHISM		4 1986 9:26 AM
	4 60	1.56	X	ACE	5. DATE OF BIRTH	6 AGE (IN YEARS (AST BIRTHDAY) /	FUNDER I YEAR IF UNDER 2 HAS
	or offi		Female 1	Cauc	50 6 1920	66 YRS	ONTHS DAYS HOURS MIN.
	# 20 /4 7	7a. B	IRTHPLACE (STATE OR POREIGN 176 (CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
v	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ASTERIO WINE	USA	WIDOWED DIVORCED	Montgomer	4 MD.
ito	100	10. C	Rethesta 11.	NAME OF HOSPITAL, NUTSINE (II NOT) IN SUCH FACILITY, GIVE STILLET AL	HOME ON OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE) OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY Own Home
AND 212	The distance of the state of th	USB 13a	ALTES DENCE (IF NURSING HOME OR OTHER HATE 136 COUNTY			13e.STREET ADDRESS / ZIP/CODE	fersland 285
MARYL	the depth of the state of the s	(Seosge Hoo	Greev	4 First	eta Marie	Kosack
W	2 5 T		WAS DECEASED EVER IN U.S. ARMED		TITI NO. TITINEORMANTE	ADDRESS	
IMO	1 10 1	L	YES, NO ON THE NOWN) (IF YES, GIVE WA	577-12-86	22 Walter L. Ch	ism-husband-(same	as 13e)
5T., 8ALT	refeate b physicia on papers entoval.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C.	a dil	te my ocarde	al nifarchim	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON	death ce attending ove celb ation, or r coumatic		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	2510 Scherote	beautolisease	11 years
W P9	that the d by the cose rem of, crema		cause (a), stating the underlying cause last	DUE TO, OR AS A TO NE QUE	tieles melle	tre m	
RDS, 20	equires The sgner r to buri	NO	PART 2 OTHER SIGNIFICANT CON	OMA ()	Last at a the steril	ainal disease or condition give	NIN PART 110
VITAL RECORDS	he lose to the property of the	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA	Clan I	100	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)
Z O	A Meridian	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	216. LOCATION		COUNTY
SIVIS	S T S T S T S T S T S T S T S T S T S T	M	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	0.00	CITY OR TOWN	COUNTY STATE
-	TEND not as ON A OF VIE T Health		22a.1 certify that (I) (this haspital) saw the deceased alive an	Dec 2419 5	and that if (my) (sur) opinion	death accurred on the date and hour	, that (I) (we) last
-	A 0 0 0 0 E	1	abave (1) we (did (did not) vie	ew the bady after death.	DECREE		THE DATE SPENIED .

230 BURIAL, CREMATION, REMOVAL BUTTIAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

IO FUNERAL DI Inbold be detech inh the State De MPORTANT # 18

24. FUNERAL DIRECTOR Hines/Rinaldi Funeral Home Sil. Spr. Md.

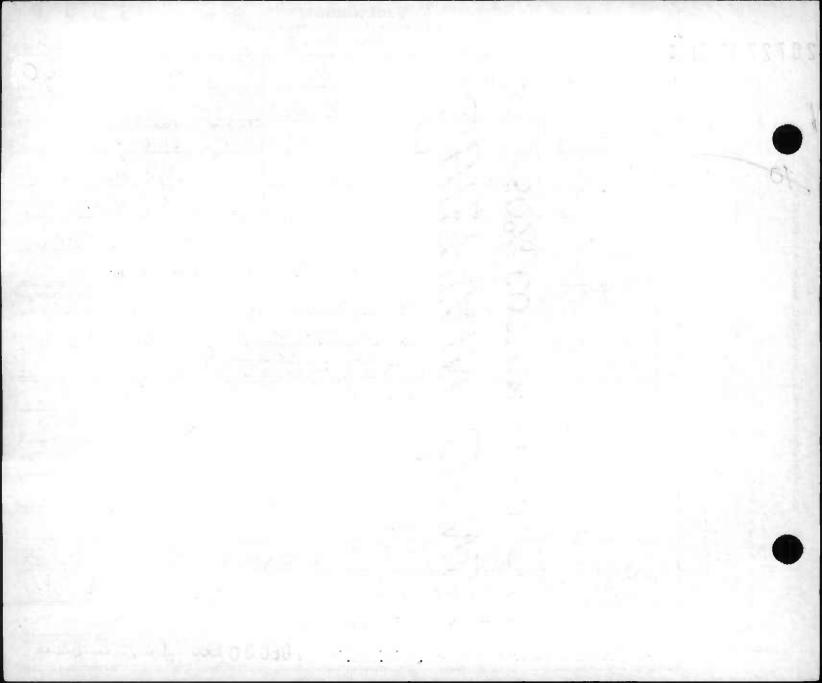
236 DATE 12-29-1986

Rockville Montgomery StateMd. DEC 30 1986 Julia Derdon Kindara

STAFF PHYSICIAN

ATTENDING PHYSICIAN

NAME OF CEMETERY OR CREMATORY
Parklawn Cemetery



DEC

	5	TA	TE	OF	M	ARYL	AND	
D 4	DEMENIT	OF	He	0.15	100	a ser	BUCKLE	è

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	6 3	5 5	Ö	8
		EASED NAME	FIRST		MIDDLE	· ·	AST	20. DATE O	REG. NO.	DAY	YEAR	2b. HOUR
-	TYPE	OR PRINT)	0.	п		Ch	ung		12	05	86	4:45AM M
3.	SEX		0.	4 RACE	yon	5. DATE C	OF BIRTH	6. AGE (IN)	YEARS LAST BIRTHDAY)		DER I YEAR	
L		Male		Kore		03	11 50			RS		
70	C	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?		D 🗱 NEVER MARRIED 🗆		RE CITY OR COU	NTY OF D	EATH	
10	_	Korea	ATH	U.S.		WIDOWE	D DIVORCED DIVORCED		occupation	12	k KIND C	MD. OF BUSINESS OR
				(IF NOT IN SUC	omery Gen	ADDRESS)		TYPE OF WOR	e Clerk	NG LIFE) IN	DUSTRY	
Ü	SUA	Olney		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					0366	31 301 1100
ľ		aryland	Mont	gomery	Silver S		13d. INSIDE CITY LIMITS?		ADDRESS / ZIP C		10 13	2000/1)
14		THER'S NAME				PITTIG	15. MOTHER'S MAIDEN NA	AME		רוע		
ı	Ky	yu Hae Chu		MIDDLE	LAST		Jong Sun	Kim	MIDDLE		LA:	ST
16		AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
L	No		[F FE 3. GIV	E WAR OR DATES;	224-19-5	932	Chong Chung	(Wife)	316 Sto	negat	e Dr	18 2000L
	NO	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediote ig the lost	(c)	R AS A CONSEQUE	<i>i</i>	A O'T LE LE	MINAL DISEAS	GALJA.	GIVEN IN	PART 1	0.
	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION					IN CERTIFYING CAUSES OF DEATH?					OF DEATH?
ı	ERT	210. ACCIDENT WAS UND	DERLYING T	21b. TIME C		dera	21c. HOW INJURY OCCUR	RED (ENTER N	NO LATURE OF INJURY IN ITEM	YES	OR PART 2)	NO [
		OR CONTRIBUTING (M. MONTH DA	AY YEAR	/					
	MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE			21f. LOCATION STREET	X	CITY OR TOWN	C	OUNTY	STATE
		226.1 certify that (1) sow the decease above, (1) (we) to	ed olive on	12-	4 191	2 . 01	nd that in (my) (our) opinion	deoth occurre	2 - 5 ed on the date and	19.4 I hour ond		that (I) (we) lost couses stated
		226. SIGNATURE	uli	ce O	wen	lu		MEDICAL DIRECTOR	STAFF PHYSICIAN		12 DATE	SIGNED -
		22d PHYSICIAN'S NA	HAE	1 -	ILKIN H	13.	87/1 Mince	Ph cle	n Dr C	me,	1 K	ud 20932
2		URIAL, CREMATION, SPECIFY) Buria		23b. DATE 12/08/			EMETERY OR CREMATORY Memorial Par	23d. LOE	Fairfax,	Virg	inia	STATE
2	4 FU	INERAL DIRECTOR C	oloni	al Fune	ral Home				REGISTRAR 256. RE			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



Branch, Street, at the first of

26680 DEC	9	FOR STATE REGISTRAR		DEPARTA	ENT OF HEALT	MARYLAND H AND MENTAL HYG TE OF DEATH	IENE 8 6	3	5084
moy be . poge 3		CEASED NAME FIRST OR PRINT)	REL 14. RACE	E	5. DATE OF BIR		20 DATE OF DEATH M		YEAR 26 HOUR 86 2.30 PM
Poge 4 director hours of		FEMALE		FITE	DECOMBER	L 3, 1904	81	YRS	
oth. Parall d		RTHPLACE (STATE OR FOREIGN		BRITAIN		NEVER MARRIED	9 BALTIMORE CITY OR		
ter deoth. he funeral within 72 h	10. C	ENGLAND ITY OR TOWN OF DEATH	11. NAME OF	F HOSPITAL, NURSIN		DIVORCED HER INSTITUTION	MONTGOME 120 USUAL OCCUPATIO	N	126. KIND OF BUSINESS OR
filed filed		WER SPRING	Hou	4 CROSS	HOSPIT	AL	HOMEMAKE		HOME
filled in ould be	130	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	NTY	13c CITY OR TOWI	N 113d.	INSIDE CITY LIMITS?	13e STREET ADDRESS /		/ 200
within within 3		THER'S NAME	GOMERY MIDDLE	SILVER SP		NO D	9326 HAR	VEY RD	. / 20910
ample of the state		WILLIAM	HENRY	EYRE		FIRST	UNKNOWN		LAST
BALLIMOKE, MAKTLA The be executed within The and completely First Pages 1 and 2 sh			RMED FORCES? IVE WAR OR DATES!	16b SOCIAL SECU		NFORMANT	APKE (SON)	SAme	AS#13.
ALIII pris. I		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS		er line for (a), (b), and		ILLIAM H. CL	ARRE (SON)	Siline	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 2 2 2 2			ATE CAUSE (0)	Des of the	us to con	son lula	mestrolu	hom	Iweel
		Conditions, if ony, which	DUE TO,	OR AS A CONSEQUE		in well	معكمة	- 11	2 years.
W. PKE by the a sse remat cremat		gove rise to immediate cause (a), stating the	DUE TO,	OR AS A CONSEQUE	NCE OF				0
5 5 5 5		underlying couse last PART 2. OTHER SIGNIFICANT	(c)_	CONTRIBUTION	CATH BUT NOT	DELLATED TO THE TERM		7.01.01.51	
	NO	COMA	Lita	Heart B	2002	KELATED TO THE TERM	INAL DISEASE OR CONDI	HON GIVEN	IN PART TIG
law record	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION WA	AS PERFORMED		IN CERTIFYIN	ERE FINDINGS USED IG CAUSES OF DEATH?
NG PHYSICIAN: The law requir attending physician. ther this certificate has been signs the buriol-tronsit permit. Then the and Mental Hygiene prior to be arked or them 18 shows any injury	CERTI	210. ACCIDENT WAS UNDERLYING		OF INJURY	21c.	HOW INJURY OCCURE	YES NO	YES IN ITEM IB PART	
Hysician: The ding physicic sis certificate buriol-transit mem 18 shot		OR CONTRIBUTING CAUSE OF D	EMIN	a.m., month da p.m.	Y YEAR				
VISION OF PHYS or the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLAC	E OF INJURY STREET FACTORY OFFICE, FA	ARM ETC)	LOCATION STREET	CITY OR TOWN	N	COUNTY STATE
DIVIS Par after the se os the ealth and marked		220.1 certify that (I) (this has	oital) attended	the deceased from_	Hann	19 04	to Dec .		, that (I) (we) last
ATTEN Ispital CTOR I far u n 21 is		sow the deceosed alive a obove, (I) (we) (did) (did r	n Dec	1990			death accurred on the date	e and haur an	
ALOR of the horal DIRE detoched onte Depth of the Title Herothe		BO S	MR		M. X	ATTENDING	MEDICAL STAFF		12 DATE SIGNED
E 6 8 8 5 4		226 PHYSICIAN'S NAME THE	OR PRINTS)	22e	ADDRESS	DIRECTOR PHYSICIA	100	12/00
TO HOSP etoined TO FUNE Shauld be with the SIMPORTA		19ryine t	1. EI	G	9	801 Dear	galine And	Jan	my Md20903
BP		BURIAL, CREMATION, REMOVA (SPECIFY) CREMATION				ERY OR CREMATORY	23d LOCATION CITY OR TOWN Pulson DA	0/00	OUNTY STATE
Dr	24 F	JNERAL DIRECTOR	د. عدر	11106	rivinge)(3	250. DAT	KINERDALE E REC'D. BY REGISTRAR ?	SE REGISTRAL	SSIGNATURE

CHAMBERS FUNERAL HOME SILVER STRING.

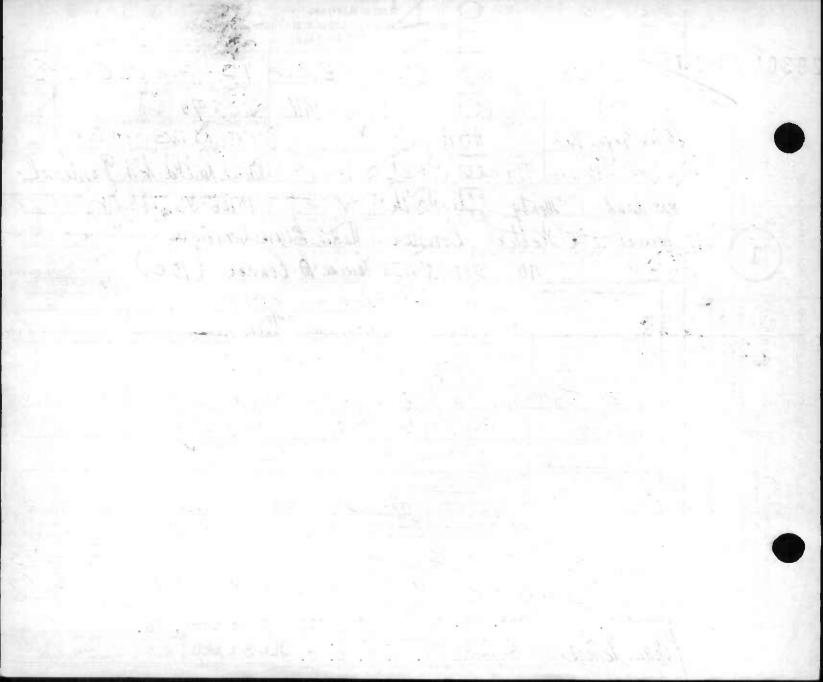
CREMATORY RIVERDALE PG.CO. MARYLAN
250. DATE REC'D. BY REGISTRAN'S B. REGISTRAN'S SIGNATURE

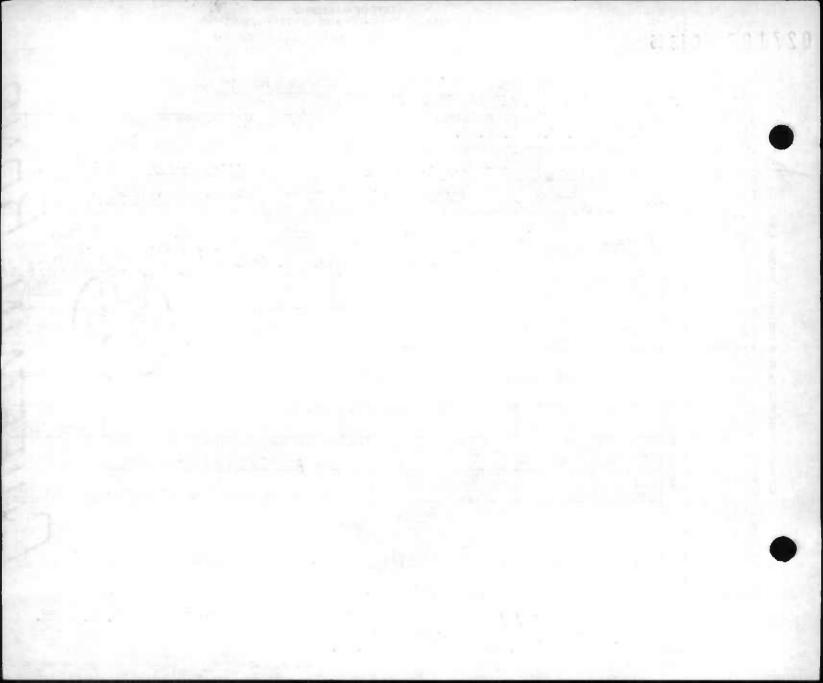
YUMD DEC 8 1986 Julia Dandon Randon

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DHMH - 16 60M 7/84 (VRA 15, 4)	X	Takoma Funeral Home. DEC 3 1 1986 Julia Trinder Parises





IMPORTANT: If Hem 21 is

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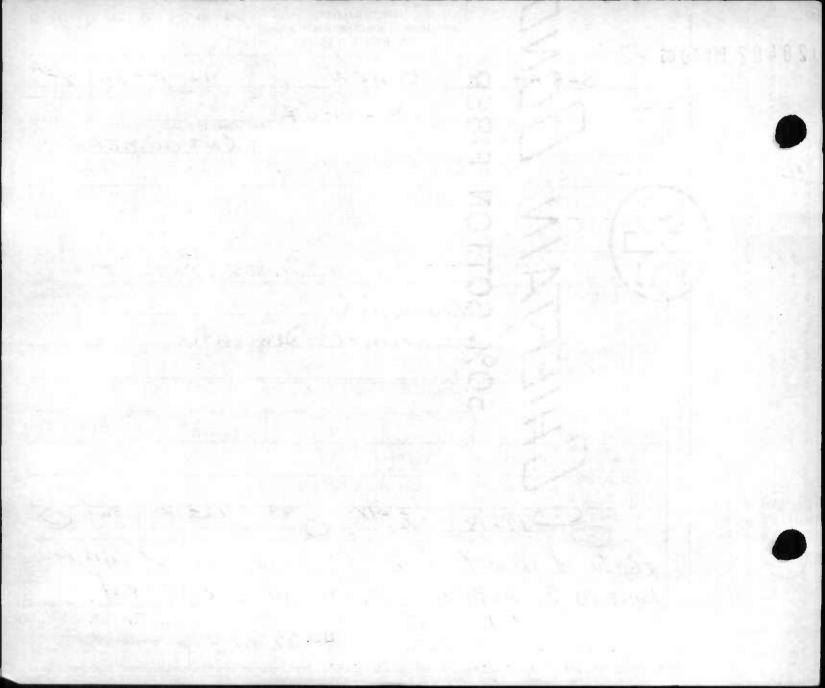
STATE OF MARYLAND

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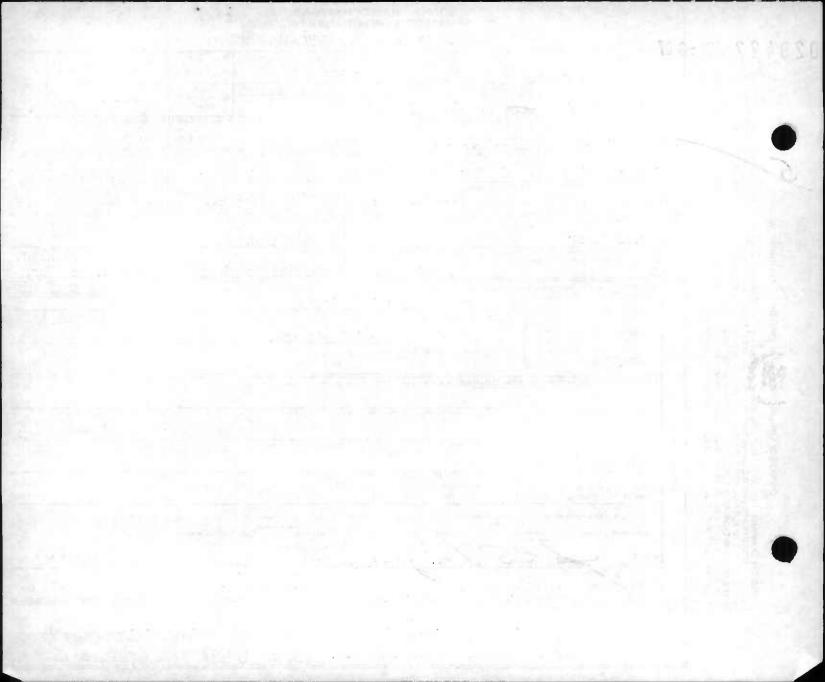
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BURIAL CREMATION, REMOVAL 134 PATE 9/1986 BNAT ISRAEL CONGREGATION OXON HILL, PROUNGEO. MARYLAND 1000 PORTER TO BURIAL FUNERAL HOME THE RESIDENCE OF THE PROPERTY OF THE PROPE 232 CARROLL STREET, N. W., WASHINGTON, D. C.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Magaret B. Collins Collins		Item: 5 G-623 1/13/87 FH cm STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5030
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SE S	1		ns, if any, which	A	TERIOSCU		(no my ni	and the	DIS EASE	- 24/	k me
NAME OF STREET			se to immediate) stating the under-		R AS A CONSEQUEN		CARIOUAS	COLIR 4	13 61136	110	1010
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S S S S S S S S S S S S S S S S S S S		PART 2 OTHER S	GNIFICANT CONDITIONS	(C) (C)	H BUT NOT RELATED TO THE	TERMINAL BICCAC	The County of Chicago				
ECORE ENDIN MEDICA ACTIVITA CREW	2		onnicani condition)	CONTRIBUTING TO DEAT	- NOT NOT KEENTED TO THE	ICRMINAL UISEAS	OK COMBILION GIVEN IN	PARI 1 a			
SEA MEN E	MEDICAL CERTIFICATION	19a, DATE OF	OPERATION	110h CONE	DITION FOR WHICH C	PERATION W	AS DEDECDAMED?			In	
AN SECTION AND SEC	5	1		110,00110	THOM WHEN E	TERATION II	ASTERIORNED:			20 AUTOPSY	
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HE WOLD B	I C	UNDERLYING	G CR	HOUR A.	M. MONTH DAY Y	EAR	A L	1	INJURY IN HEM 18 PART	OR PART 2)	
SION RTIFIC SHOULD TO PART	3	21d INJURY	NG CAUSE OF		M. /2 /9 19 OF INJURY (ATHOM	06 1	CATION	0661418	30 PM	Thoop	
DIVISION WARDED PAGE 3 SI	W.	WHILE	NOT WHILE [STREET, FA	CTORY, FARM, ETC)		TREET IN	A CITY OR	TOWN O	COUNTY	STATE.
_ #¥45£5		AT WORK	AT WORK		HON1E	4/30	1 PULLARD	Mus Ch	1004 HAS	E MONT	110
AER: TA SATE, TA FORW FORW I'VE STA		22a. I certi	fy that I taak charg	ge of the remains d	escribed abave, held o	n Autap	sy . Inspect	ian 🛂 . Inqui	ry 2, and in	my apinian	
¥ E M D E Y		death result	ed fram: Natu	rolenoses 4.	Accident,	Suicide	, Hamicide	Undetermined	manner,		
	1		51		1///	in	TITLE (SPECIFY)				
MEDICAL EXA ECUTE THE CER GE 4 SHOULD THE MEATH, WILL THE DEETH, WILL THE OPE MAR	4	SIGNATURE.	year	cecht	MALIN	119 M	D. DOPT	MEDICAL EX	AMINER S	ATE 12-20-	-1986
<u>O</u> H 4 <u>S</u> <u>B</u> B	1	EXAMINER'S	NAME (1-	17	06	135			1	2081	4
TO ME EXECU PAGE AFTE BALTE		TYPE OR PRI	41) / ///	us C	MAYLE	na)	ADDRESS 6200	WISCONSON	V Au Pe	THESOA	MB
OT PAGE A	23a.B	PECIFYI	TION, REMOVAL				R CREMATORY	23d LOCATION	1	COHNTY	TATE
07/84 BP				12-21-19	986 Mt. L	ebano	n Mem. 1	Park Hy	attsvil.	le. Md.	COST &
25M DHMH - 17		NERAL DIRECT		ADDRES	Rockville,	Maryl	and 250 DATE	REC'D. BY REGIST			
(VR A15 ME (5))	Do	nzansk	1-Goldber	ig Chapel	s: 1170 Ro	ckvill	e Pike UEL	24 1986	Julia Da	ordern Randal	Arm

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02	28034	lac !	GR OC	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYGI	B 6 3	5 0 8 4
- tu	000	וניט	ESTISTRAR	MEDICAL EXAM	AINER'S CERTIFICATE OF DI	EATH REG. NO.	
			EASED NAME FIRST	MIDDLE	LAST	20 DATE KNOWN MONTH	172.
	30000	1177	Lar	W	Coslev	OF ESTI-	11 986 AM
	A SECTION	I SEX	4. RACE	5. DATE OF BIRTH 6. AGE	(IN YEARS IF UNDER 1 YR. IF INDER 24 HE		DAY YEAR 24 HOUR
	2252 2252 2450 2450 2450 2450 2450 2450	n	Block	Aug. 14 70 16	Morris Data Modes Mile	PRONOUNCED DEAD 12	11 1986 12 Am
_	SAZES A		THPLACE CHATTON	76. CITIZEN OF WHA! COUNTRY?	8. MARRIED NEVER MARRIED		
	SESER)	100	md.	U.S. H.	WIDOWED DIVORCED	7 00	QTV MD.
1	お非常の	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		USUAL OCCUPATION (TYPE OF WOR	
b	YEAT (R	etherda	Suburban	HOSDITA!	Student	J., 11,0001K1
=	A SA DE	40000	L RESIDENCE UV IN HURLING HONE O	THE RESIDENCE BEFORE AD	DMISSION) NN 13d INSIDE CITY LIMITS? 13e S	STREET ADDRESS	, /
21.20	ANTERNA	-	1110 1111	inta Caithe	YSburg YES NO 8	010 Spiceberr	4 Ln. 120877
9	- 050 E	14 FA	THER'S NAME	wood O with	J 15. MOTHER'S MAIDEN NA	ME MIDDIE 1	LASY
W	SUE 250		WArry	F. Coster	Line	da Hoes	
MO	N N N N N N N N N N N N N N N N N N N		(AS DECEASED EVER IN U.S. AKA	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS 4	11 /-
ALT	ASION ASION		140	un:	K Lindo Hi	res (mother) di	me AS#13
66	WITH PAGE		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one cause per line far (a), (b), and (c)		0.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z.	AL PENE	-	PART I DEATH WAS CAUSED	E CAUSE (a)	io respirato	ry arms	4
OTS	NA ALE	1	8///	DUE TO, OR AS A CONSEQUE	NCE OF	9. (
4	E SEASON SE		Conditions, if ony, which gave rise to immediate	(b) Cerab		scen sho	- and
2.8	ON SER		lying cause lost.	DUE TO, OR AS A CONSEQUEN	NCE OF	- Culman C	Sovero.
20	XECUTE SALESA AND M ATON		BART 2 OTHER CICHICICANS CONSISTEN	OUTPIGNITING TO OFFICE AND MOST OFFI	TE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)		
ORD	D BE EXECUTED BY SERVICE AS A BUT AND A SA BUT AND A SERVICE AND A SERVI	z	TARE & OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION TO USAIN BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.		
REC		INCATION	90. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		2D. AUTOPSY?
IAL	호유분S88	INC					YES NO NO
7		CERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR AM MONTH DAY	21c. HOW INJURY OCCURRED (EN	ITER NATURE OF INJURY INJITEM 18 PART I OR	
DIVISION OF	CERTIFICATE TING THE WED TO THE 3 SHOULD DEPARTMEN		UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH 20P.M. 12 TI	986 auto a	Turbins	
150	ERT ING	MEDICAL	214 INILIPY OCCUPPED	21e PLACE OF INJURY (AT HO.	ME, 21f. LOCATION		COUNTY STATE
N	WRITING WRITING WARDER	¥	WHILE D NOT WHILE AT WORK	STREET, FACTORY, FARM, ELC.)	miD county	bear Route	COUNTY STATE
	T> \$850			e af the remains described abave, held	an Autapsy , Inspection	Inquiry and in my	apinian
	MINE SOLD STATES	1		ral causes , Accident ,		ndetermined manner .	1. 1.1
	ECAMINEI CERTIFICA JID BE FO DIRECTOI WITH THE			2	TITLE (SPECIFY)		the state of
	CAL EXA THE CER SHOULD BRAL DIR SATH, WI	1	ACTUAL SIGNATURE	in Value	M.D. Deput	MEDICAL EXAMINER SIG	NED 17 - 11 -86
	DEA STATE				bee	BIN	Edo mol.
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER POEATH, WITH THE SHALLIMOPE, MARTEMAD.	-	EXAMINER'S NAME (TYPE OR PRINT)	ONN lay	ADDRESS 8219	¿ wiscon	SIN DIE
	584544	23a.B	URIAL, CREMATION, REMOVAL 2	36 DATE 23c. NAME O	OF CEMETERY OR CREMATORY 236	J. LOCATION CITY OR TOWN	OUNTY STATE
07/84 25M	BP	04.7		12-17-86 Rest	Haven Mem. Gdn F	rederick, Fre	caerick, MD
9.549	DHMH - 17	24. F	UNERAL DIRECTOR	246s N. Wash wden Rockville,	nington ST BE DATE RECE	1006 4	SIGNATURE
	(VR A15 ME (5))		Eorge R. Snot	wden kockville,	MD 2085041 181	1000 Julia Devider	· Kendelie

0.2640 - 1203 11 30 M 114

signed by the attending physic

TO FUNERAL DIRECTOR, After this certification should be detoched for use as the burial transwith the State Dept of Health and Mental Hysim MPORTANT: If them 21 is marked or there it is

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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MENT	0	E	ur	ALT	rM	AND	MENT	AI	HV

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

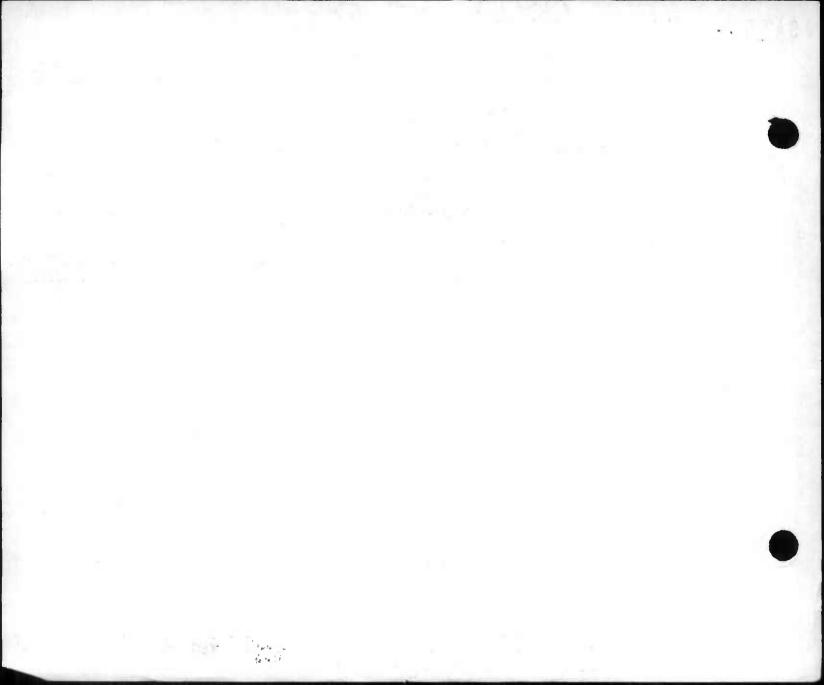
1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1
	CEASED NAME FIRST	P/1	T. Cou	ahlan	20 DATE OF DEATH MONTH	OAY YEAR 76 HOUR
3. SE	Female	1. RACE	asian Sep		6. AGE (IN YEARS LAST BIRTHOAY) 73	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Wo	SRTHPLACE ISTATE OR FOREIGN COUNTRY) UShington, D.C.	u.s.A.	VHAT COUNTRY? MARRIEI WIDOWE	D DIVORCED	Montgone	DRY MD.
5	ilver Sprin	CI POLL	OSPITAL, NURSING HOME O	ROTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Homemaking
13a	Maryland Mo	ne de other institution. OUNTY retgomery	GIVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN Silver Spring		303 Brewster	Ate. 20901
	ATHER'S NAME WILLIAM	Francis	Tappan	is. mother's maiden na Nora	WIDDLE	McKhight
	WAS DECEASED EVER IN U.S. JYES, NO OR UNKNOWN) (1F YES)	. ARMED FORCES? S, GIVE WAR OR DATES	579-10-5632	Mark P. Cough	rlan husband	same as #13
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one cause per USED BY: DIATE CAUSE (a)	line for (a), (b), and (c).)	4 occurde	al post	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL	DUE TO, OF	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART Tra
CERTIFICATION	19a DATE OF OPERATION	19b CONDI	TION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 200. IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART TORPART 2)
MEDICAL	WHILE OF WORK AT WORK	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (I) (this h sow the deceased alive abave, (I) (we) (did) (die	e on	19 gr	nd that in (my) (aur) opinion	death occurred on the date and	hour and from the causes stated
	22h SIGNATURE	Lathin	95	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12-7-86
	Boris	RABE	IN MD.	1019 Um	r. Blod &	A
	BURIAL, CREMATION, REMO (SPECIFY) Burial	Dec.10	, 86 Gate of	EMETERY OR CREMATORY Heaven Cemet	ery Silver Spr	ing Möntgomery Md.
	FUNERAL DIRECTOR From		Colling Ir. st. Silver Spi	DE	A	GISTRAR'S SIGNATURE

0.27031 0.9103 -

STATE OF MARYLAND

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29495 JAN -6	Q.	FOR STATE			DEF		EALTH AND MEN		ENE				
	'	REGISTRAR				CERTIF	ICATE OF DEA	TH		REG. NO),		
		EASED NAME	FIRST		WIDDLE		AST		20 DATE OF	DEATH	MONTH DAY	YEAR	26 HOUR
oth 3	TITPE	OR PRINTI	DORON	THÝ	R	C	OURCHESNE	:	12-	2	7-8	0	500
moy be poge 3	3. SE			4 RACE	D. 1	5. DATE	OF BIRTH		AGE (IN YE	RS LAST BIRT			IF UNDER 24 HRS
rector.		F		V	1	Mônt:	16	93	93		YRS		HOURS MIN.
Z ho de	PE BI	MARYLAND	DREIGN J	76 CITIZEN OF	WHAT COUN	MARRIE WIDOWI	D NEVER MARE	RIED D	BALTIMOR	E CITY OI	COUNTYO	FDEATH	
dd from the grant of the grant	10 C	TY OR TOWN OF DEAT	TH			URSING HOME	OR OTHER INSTITUT		120 USUAL O				MD. BUSINESS OR
haurs ofter be filed w	Si	LUER Spr	iNO	21/1	ANK	ANDR	4. C.		STATIO		YOEKING LIFE)	INDUSTRY U.S. G	OV'T.
MARYLAND 2120' ed within 24 haurs mpletely filled in by gad 2 should be file	13a. S	AL RESIDENCE U NURSIN TATE	ISL COUN	OTHER MATERIALISM	13c. CITY OF	EBEFORE ADMISSION) R TOWN VGTON.DC	13d. INSIDE CITY L		13e.STREET A			. 11 (1)	99999
Sho sho	14 F.4	THER'S NAME			WASHII	NGTUN, DC	YES X NO		<u>3355</u>	I.b.I.n.	STREET	, N.W.	90010
MARY mplete		FIRST	,	MIDDLE	LA!		FIRST			MIDDLE		LAST	
	14- 1	EVERETT VAS DECEASED EVER II	NULC AD	HED CODCESS	BEA	SECURITY NO.	MARY 17 INFORMANT			ADDRES	5 5	JOY	
Adice of	- T	ES, NO OR UNKNOWN)		E WAR OR DATES)				NIE			8811		MERY AVI
TIMO	NO				579-61	0-3039	<u>IBEALL R.</u>	COMS	TOCK	CHEU	Y CHAS		20815
death certific		Conditions, if ony, gove rise to imm	MMEDIAT which ediote	D BY: E CAUSE (a) C	DR AS A CON	SEQUENCE OF	elro das	rul!	o acc	ech	uf	2 m	ATE INTERVAT
N 5 2 4 4		couse (a), stating underlying couse	last	DUE TO, C	OR AS A CON	SEQUENCE OF							
3 30	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	OR CONE	ITION GIVEN	IN PART Tra	
he law read on the law read on the prior to one ony in	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR W	VHICH OPERATIO	N WAS PERFORME	D	200 AUTO	NO X		VERE FINDING NG CAUSES C	
VIT. T hysici T hysici Tronsi Hygin Sh	Ü	210 ACCIDENT WAS UNDE	-	1		H DAY YEAR	21c. HOW INJURY	Y OCCURRE	D (ENTER NATI	RE OF INJUR	Y IN ITEM 18 PART	(OR PART 2)	
ON OF ON OF Street Street Strick-t Mentol	CAL	OR CONTRIBUTING C		in .	.M.	19							
HYS adin of the state of the st	MEDICAL	21d INJURY OCCURR	ED		OF INJURY	OFFICE FARM, ETC.);	211 LOCATION			CITY CONTROL	vrv	COUNTY	STATE
VIS offer of rer the offer of the offer the of	Σ	AT WORK AT WORK	of D	(A) HOME, SI	IREET, PACTORY, C	PFICE PARM, EICH		01		/_		11	
DIVI or att seas ti seas ti morke		22s.1 certify that (I) (this bospit	toll granged to	handykeopady	from 11/2	1	, 86	10 /2	12	7_10	00	lost
ordal		saw the deceases above, (1) (we) (di		100	1//	19.86 . 0	nd that in my (our) opinion de	eath occurred	on the do	te and hour o	nd from the co	ouses stated
REC REC spt.		226 SIGNATURE	(17		,	DEGREE		-			224 DAYES	ICAED.
the O		my	1001	KI	and	iar		NDING	MEDICAL DIRECTOR	STAF		1229	180
SPITAL I by the VERAL be dete	1	224 PHYSICIAN NA	ME ITYMED	(PERCE)	7		22e ADDRESS	JICIAIT [DIRECTOR	Jimole		1	
0 0 5 0 4 %		uunauli	. = 1				2222	0	10.00		=30 0	10	
TO TO THE STANDARD SHOULD SHOU	230 5	URIAL, CREMATION, R	LENK1		-	123, NAME OF	12309 SHO		10 RD 23d. LOCAT	WHEA	TON, N	D	
00000		SPECIFY)	LMOVAL						CITYO	RIOWN		COUNTY	STATE
aggerry		NERAL DIRECTOR		IDEC. 3	0,1986	LMT OL	IVET CEME		RECO BY RE	INGTO		PSEIGNATU	AE .
DHMH - 16 50M 4/83	1	INERAL DIRECTORFR	ANCIS	3 J. CO	LLINS	JR.		IA		987		Colder.	
(VRA 15, 4)	1 5/	A LINITUEDOT	TU B	LVUW.	STIV	FR SPRIN	G MD .			1	U .		-



3 Sec. 25 2 July 200 3 warming the first of the second of the secon S. veresting But Parts 171 Corelat Description the titlering that we are the first the The second with the second

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP.

DHMR 16 60M 7/84 (VRA 15, 4)

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completely filled in by the funeral director, page 3 . 1 and 2 should be filed within 72 hours ofter death

Poges puo

TO FUNERAL DIRECTOR. After this certificate has been signed by the attershould be detached for use as the buriol-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to buriol, cremations.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

injury, or other troun

executed within 24 hours ofter death

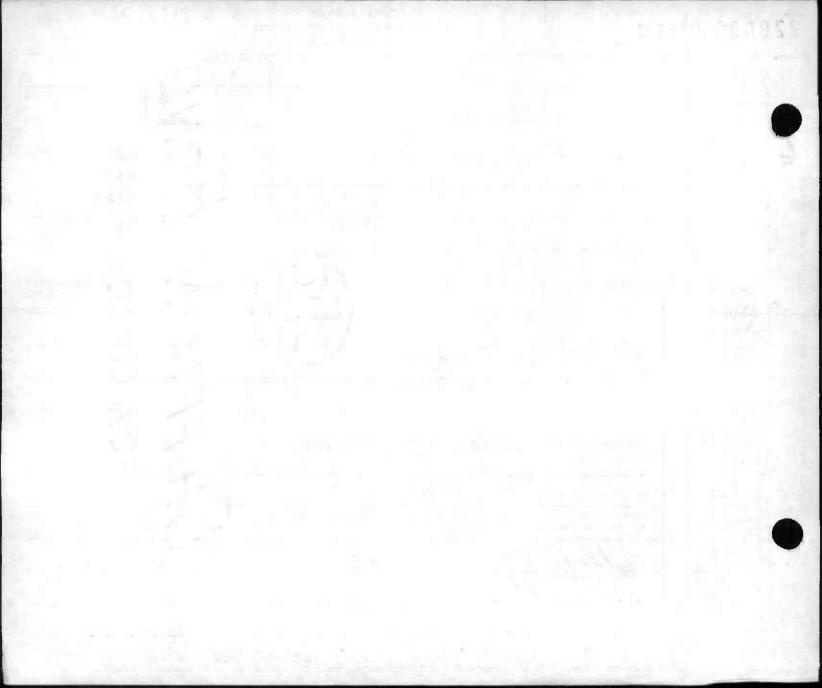
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

3 5

6

REGISTRAR		CEKITE	ICATE OF DEATH	REG. N	0.		
I. DECEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
CHESTER H	HOBART CROSS	MAN		DECEMBER	17 1	986	1105P M
. SEX	4. RACE	5. DATE C		6. AGE IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
MALE	CAUCASIAN	MAY		56	YRS	ONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY C	OF DEATH	
MASSACHUSETTS	UNITED STA	TESWIDOWE		MONTGOME	RY		MD.
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME		12 a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION		F BUSINESS OR
BETHESDA /		PITAL		ENGINEER		RETI	RED
JSUAL RESIDENCE (IF NURSING HOME (38 STATE 136 COL			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		9999
VIRGINIA FAIR	RFAX FAIR	RFAX	YES NOXX	13210 PEN	NERVI	EW DR	2203
4. FATHER'S NAME	MIDDLE LA	AST	15. MOTHER'S MAIDEN NA	ME		LAS	it
CHESTER HOBART	CROSSMA	N SR.	UNKNOWN				
	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDR		MEDILE	Fire the second
YES 194		06355	SANDRA CROS	SMAN 1321	O PEN	NERVI	EW DR
18 CAUSE OF DEATH (Enter				PAIR	TAX, VA	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUS		ORESPIR	RATORY ARRES	ST			
IMMEDIA	ATE CAUSE (U)						
	DUE TO, OR AS A CON	SEQUENCE OF					
Conditions, if ony, which gove rise to immediate	(b)	·				+	
couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	NSEQUENCE OF					
ondertying coose last.	(c)						
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	D
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING						V 60	
198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
E				YES NO	YES		NO 🗆
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	UL DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
OR CONTRIBUTING CAUSE OF D	EAIR	TH DAY YEAR					
4 FEITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY		21f LOCATION		-		
WHILE NOT WHILE	(AT HOME STREET FACTORY,	OFFICE, FARM ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
22s certify that (I) (this has	a table attended the descend	trom 16 DE	CEMBER 10 86	17 DEC	EMBER	. 86	that (1) (we) lost
sow the deceased alive of		7000	nd that in (my) (our) opinion	, 10		,	
obove, (1) (we) (did) (did r 22b. SJGNATURE	iot) view the body after death		DEGREE			22¢ DATE	
228. SIGNATURE	7 /2		ATTENDING	MEDICAL STA	FF . /		
Museur (1	. 01.	/	PHYSICIAN [DIRECTOR PHYSIC	JAN N	18DE	C86
278. PHYSICIAN'S NAM	DEPRINT)		22e ADDRESS NAVAI	HOSPITAL	NAVA	L MED	TCAL.
G.A.CALLEJA	LCDR, MC, US	SN			20814		_ 0111
34 BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION			
Cremation A	Dec. 19, 1986	Lee Cre	matory	CITY OR TOWN	ington	COUNTY	STATE
FUNERAL DIRECTOR		Vashingto	Tot	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE
Frame Ale	DALLANTOVANA	Duffe	II St.	23 1986	ulia Des	ider Ra	adate.



STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO		
Т	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	November 30	, 1986	6:38P
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
	9.7	MONTHS DAYS	HOURS MIN

I. DECEASED NAME	FIRST	MIDDLE	LAS	1	20	DATE OF DEATH MON	ITH DAY	YEAR	2b HOU	R
(TIPE OKPKINI)	Doris	A.	CRY	DER	10	November	30, 1	986	6:3	8P M
3 SEX	4 RACE		5. DATE OF			AGE (IN YEARS LAST BIRTHDAY		NDER I YEAR	IF UNDER	
Female	Whi			4, 1899		87	YRS		HOURS	MIN.
EIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 !	BALTIMORE CITY <u>OR</u> CO	DUNTY OF	DEATH		
Ohio	Amer	ican	WIDOWED			Montgome	ry Co	unty,	,	MD
Rockville	ATH 11. NAME (OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET AD	ADDRESS)		17	usual occupation ype of work for most of wo Homemaker	RKING LIFE)	2b KIND C NDUSTRY	F BUSINE	SS OR
Maryland	136 COUNTY	I30 CITY OR TOW	N	3d. INSIDE CITY LIMITS		13e.STREET ADDRESS / ZIP CODE			21754 Drive	
FATHER'S NAME	WIDDLE	LAST		5. MOTHER'S MAIDEN	NNAME	MIDDLE				
Carl	Frederick	Seitz		Nel1		Belle		Mad		
60. WAS DECEASED EVER	IN U.S. ARMED FORCE		RITY NO.	17 INFORMANT		ADDRESS				
No	(IF YES, GIVE WAR OR DATE:		6191	Terrance	L.	Spitler		Item	13	
18 CAUSE OF DEAT PART I. DEATH W	IMMEDIATE CAUSE (0)	Respu	rale	1	res			BETWEEN	MATE INTER ONSET AND	VAI DEATH
Canditions, if ony, gave rise to immercause (a), statument underlying cause	which by the DUE TO	OR AS A CONSEQUE	96	Porbable	e h	r:I		mot	hen	24
PART 2. OTHER SIGN	Zendense					DISEASE OR CONDITION	ON GIVEN I			

IN CERTIFYING CAUSES OF DEATH?

ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. Te PLACE OF INJURY 21f LOCATION AT HOME STREET FACTORY, OFFICE, FARM ETC.)

220 I certify that (I) (this hospital) attended the deceased

and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

CITY OR TOWN

COUNTY

22¢ DATE SIGNED

STATE

The SIGNALUM DEGREE 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN

Thomas P. Sloan, M.D.

230. BURIAL, CREMATION, REMOVAL

9701 Church St., Damascus, Md. 20872

Cremation 12/3/86 Westview Mem. Pk. 24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN Baltimore Maryland

OTin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

CREAME

CERTIFIC

MEDICAL

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"Real Toronnee L. william Teen 13

inc. 1, Jacon

Dorne L. Maser, L.D. March Ch., Barceres, . . 112

District the late of the late

2.5 . oler retti, 7. . . n. norum, std.

9 4 1 4 JAN -	18 B	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8	6 REG. NO	5 5 6	में करों
y be ge 3 leath		CEASED NAME	FIRST 4-R	ARET	A, C	.010	TTA	2a DATE OF I		30 86	26 HOUR 3:20P M
age 4 mo	3. SE	=e MAle		1. RACE	ASIAN	5. DATE O	DAYYEAR	84	RS LAST BIRTHDAY)		IF UNDER 24 HRS
decoth. P		RTHPLACE (STATE ORF COUNTRY) Penn.		76. CITIZEN OF	WHAT COUNTRY?	WIDOWE		Mon	tgomery		MD.
by the	C	aithersb	urg	Wilso	ch Facility, give street n Health	address) 1 Car	e Center		CCUPATION OR MOST OF WORKING SEWIFE		DF BUSINESS OR
in 24 hour y filled in hoord be	13a N	ld.	Mon.	ITY	13c. CITY OR TOW		13d Inside City Limits? Yes X NO [odress / zip cc Schuber	t Drive	20901
complete)		John			Nicholos		UNKNOW	N	MIDDLE	LAS	ıT
be execu		vas deceased ever yes no or unknown) N/A		MED FORCES? E WAR OR DATES)	206 05		DIva Culot	me as ta (Si	13fess stër in		
ertificate mysic and appearance.		PART I. DEATH W	AS CAUSE	ly ane cause per D BY: E CAUSE (a)	Resp	M	tary Fa	ilen	(BETWEEN A	HATE INTERVAL
deoth		Canditions, if any,		DUE TO, O	RAS CONSEQUE	NCE SE	Lican	sura	tra	me	eps
that the d by the lease ral, crear or other		couse (o), stating underlying cause	g the	DUE TO, O	antwer	dia	i Klark	- DE	are	4	w
been signe rmit. Then prior to bury ony injury, in	TION	PART 2. OTHER SIGN	a,	Cala	ONTRIBUTING TO D	15 /	OT RELATED TO THE TER	des	OR CONDITION (1965	
a g a g s	CERTIFICATION	190 DATE OF OPERAT		196. COND		OPERATION	WAS PERFORMED		NO IN CER	YES, WERE FINDIN TIFYING CAUSES YES	
HYSICIAN: T ding physici sis certificate buriol-tronsi mental Hygi ku teem 18 sq.	MEDICAL CE	OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A	M. MONTH DA	YEAR 19	21c. HOW INJURY OCCUI	KRED (ENTER NATU	RE OF INJURY IN HEM I	8 PART OR PART 2)	
ING PHYSICIA or attending pl After this certif as the buriol-t tith and Mental	MEC	WHILE NOT WH	K	(AT HOME ST	REET FACTORY OFFICE, F	ARM ETC)	STREET TO		CITY OR TOWN	COUNTY	STATE
ATTEND ospitol o ECTOR: ed for use of of Hea		22a.I certify that (I) saw the decease above, (I) (we) (d	d alive on	15	117/1	7_	d that in (my) (aux) opinion	deoth accurred	an the date and h	our and fram the	
AL OR AL DIR AL DIR AL DIR DEFE DEF		The	3	100	m	m	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	121. DATE	1186

DHMH - 16 60M 7/84 (VRA 15, 4)

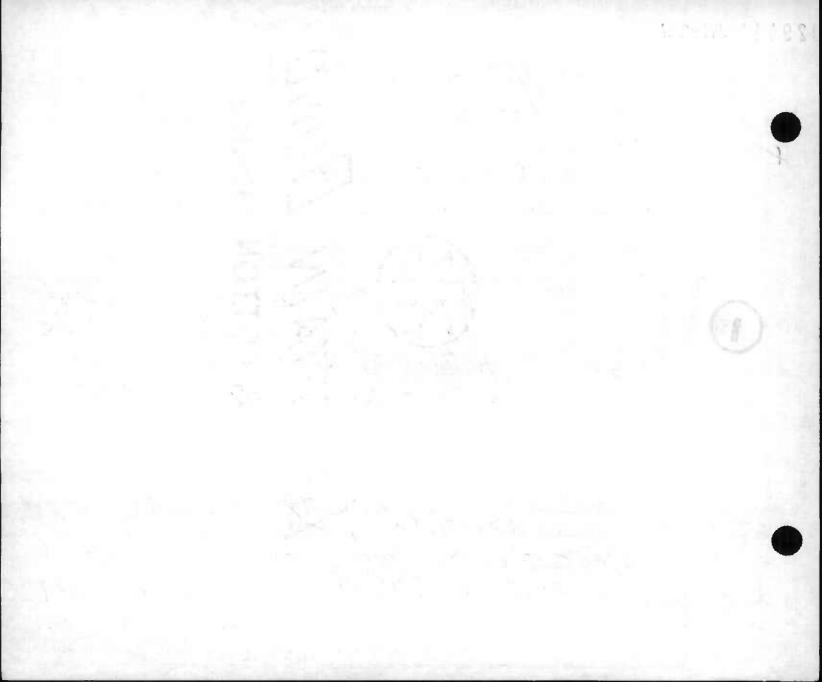
230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 1/3/87

Washington Nat. Cemetery Suitland PG Md.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Md. - a 41 5 1087

FUNERAL DIRECTOR Hines/Rinaldi 11800 New-Hamp. Ave. S.S. Md AN



STATE REGIET

page 3

director.

REGISTRAR

DECEASED NAME TAPE OR PRINT

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
	20. DATE OF DEATH MONTH	DAY	YEAR	2b HOL	JR
	December 3, 1	7:00 A			
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HF
)	76 YRS	MONTH5	DAYS	HOURS	MI

12b. KIND OF BUSINESS OR Self-Employed

20903

STATE

		Eduard	.0	Μ.	Cunni	ngham,	Sr.	Dece	ember	3, 1	986		7:00)
SE	X		4 RACE		5 DATE O			6 AGE (IN YE	ARS LAST BIRT	HDAY)	IF UNDER		IF UNDER	241
	Male		Caucasi	an	Feb.	27	1970	76		YRS	MONTH5	DAYS	HOURS	^
	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIET	XX NEVER	MARRIED -	9. BALTIMO	RE CITY OF	COUNT	Y OF DE	ATH	7.1	-
	Cuba		Cuba		WIDOWE		NORCED	Mo	ntgor	iery				
. C1	ITY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN				12a USUAL C					BUSIN	ESS
Ta	ıkoma Par	k	Washin	gton Adv	êntist	Hospi	tal	Lawy		WORKING L	Se	USTRY LG-E	mple	y
	al residence (IF) State Maryland		other institution nty gomery	Silver .	Spring	13d INSIDE (NO [13. STREET A	DDRESS /	zip cop	d.		20)9
FA	James		MIDDLE CU	nningham	-Hayne		S MAIDEN NA/	ME	WIDDLE	DeJe	sus-i	Herr	nande	
	VAS DECEASED EV YES, NO OR UNKNOWN)		MED FORCES? /E WAR OR DATES)	166 SOCIAL SECT		17 INFORM		ninaha	ADDRE:	ss wi/	0 (0)	ma a	. #1	1 2
	18 CAUSE OF DE	H WAS CAUSE		line for (a), (b), on Cereb	7.00		und	1		-W-0	7 1 1 1 1		MARE INTE	RV AL
	Conditions, if a		DUE TO, O	RAS A CONSEQU	ence of a	leur	i Chy	otis				ye	au	-
	cause (a), st		DUE TO, OI	r as a consequ	ENCE OF									
200	Statu	S SYL	1	BG + a	DEATH BUT			ella			VENINP	ARI 110	Ken	
IFICA	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERF	DRMED	20a AUTO	PSY?		S, WERE IFYING C ES	FINDIN	GS USEI OF DE AT	TH?
X			- 1											_

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN

NOT WHILE AT WORK 220 I certify that (1) (this haspital) attended the deceased from saw the deceased olive on above, (I) (we) (did) (did nat) view the bady after death. and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated

226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

22e ADDRESS 8808

STAFF

DIRECTOR PHYSICIAN

	230. BURIAL, CREMATION, REMOVAL	238. DATE	231. INAME OF CEMETERT OR CRI	WATORY ISSUED CATION	· · · · · · · · · · · · · · · · · · ·
1				Cemetery Silver	Spring Montgomery Md.
	24 FUNERAL DIRECTOR Franc 500 University Bly			DEC 5 1986	25K REGIST HAR 9 SIGNAT RE

DHMH - 16 60M 7/B4

O FUNERAL DIRECTOR: After this certificate has been

iene prior iol-tronsit permit, ntol Hygiene prio

MEDICAL

(VRA 15, 4)

MPORTANT

026857 DEC	12	FOR STATE GEGISTRAR		DEPARTA		AARYLAND I AND MENTAL HYG E OF DEATH	SIENE REG. NO.	3 5 0	7 5
		CEASED NAME FIRST		WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
e 4 may be tar, page 3 offer death	,,,,,	Lo.	IS	W	DAU	5	12-7-86		16:15 M
mo)	3. SE	X .	4 RACE		5. DATE OF BIRT		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ge 4	Fe	male	Black		April 1	2, 1923	63	rRS.	MIN.
Po din din	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
death.	Ne	w York		States	WIDOWED	DIVORCED [Montgomery		MD.
d the		TY OR TOWN OF DEATH Koma Park	(IF NOT IN SI	FHOSPITAL, NURSIN UCHFACILITY, GIVE STREET Incton Adve	ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Cosmetologis	ING LIFE) INDUSTRY	of Business OR otology
in 24 hour	13a. S Ma		NE OR OTHER INSTITUTION OUNTY INTO THE OWNER OF THE OWNER O	I GIVE RESIDENCE BEFORE 13t. CITY OR TOW SilverSp	n 13d I	NSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP 1220 East Wes	code st Highway	y, 20910
E, MARYLA completely s 1 ond-2-ske	1	nn W. Wright	MIDDLE	LAST		.lheimena L	MIDDLE	LA.	st
executed composes I an		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	16b. SOCIAL SECU	IRITY NO. 17. IN	IFORMANT	ADDRESS		
it., BALTIMOR	No	ES, NO ON ONNIN	S. OTE WAR ON BATES,	056-18-6	314 Jo	yce F. Bro	un, 180 Rivers	side Dr. Ne	aw York, N
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the attending physician and completely illed in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 23-shouth file than Mental Phygiene prior to burial, cremation, or removal. The analysis of them 28 should make the analysis of the madical exequing metables.	NOI	Conditions, if any, whice gove rise to immediate cause ID), stating the underlying cause lass	DUE TO,	WW	DEATH BUT NOT I	MUN WELATED TO THE TERM	MAL DISEASPOR GONDITION	N GIVEN IN PART 1	10
TAL RECOI	CERTIFICATION	19a DATE OF OPPRATION	1	DITION FOR WHICH		/	YES NO NO	IF YES, WERE FIND! ERTIFYING CAUSES YES [
SION OF VITAL PHYSICIAN: The ending physicio this certificate he burial-transit ad Mental Hygie d or Item 28 sh		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXA	F DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR 19	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	m 18 PART I OR PART 2)	
DIVISION NDING PHYS SI or ottendin Use as the bu Health and M Health and M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE, F.	ARM, ETC)	OC ATION STREET	CITY OR TOWN	COUNTY	STATE
TTEND pital a pital a far use af Heal		saw the seconded of	aspital) attended e on d not view the bod	ne deceased from	and that		death occurred an Me date an		that (I) (with last toolses stated
O HOSPITAL OR A etained by the hosy TO FUNERAL DIRECTORY with the State Dept.		22d. PHYSICIAN'S NAME (YPE OR PRINT)	Melho	SW	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN		1/10
TO HOSPITAL (retained by the TO FUNERAL E should be deto. with the State E IMPORTANT: If	22- "	Lewis Denni		120			Avenue, Takon	na Park, M	laryland
	230.	URIAL, CREMATION, REMO		1		RY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP	24 FI	Cremation UNERAL DIRECTOR	12/9	/gp] j.	william	Lee's Sons	E REC'D BY REGISTER 1250	U.L.	
DHMH - 16 60M 7/B4 (VRA 15, 4)		Guire Funeral	Serv. 7	400 Georgi	washingto La Avenue	e N. W. DE	E REC'D. BY REQUISTRAR 2515 F	die product	T. LAB

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STATE	OF MA	ARYLAND
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١	8+	MATE Julian		Jr. CERTIF		REG. NO.			
1		TASED NAME FIRST	rlean P.	D	ell	2a. DATE OF DEATH MON		286 6.25,	
	1.58)	MAN	RACE White	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA'		1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	
1	(GA GA	L CITIZEN OF WHAT COUN	MARRIE		9 BALTIMORE CITY OR CO	OUNTY OF DEA	MT.	
		Belheeda	1. NAME OF HOSPITAL, NI US NOT IN SUCH FACILITY, GIVE Sub Lee Dan	STREET ADDRESS)	prother institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Supervia	ORKING LIFE) INDU	CIND OF BUSINESS OR USTRY GOV! to	
	6	AL RESIDENCE (IF NURSING HOME OR O JATE MD 136 COUNT Belkede M		TOWN Theede	13d INSIDE CITY LIMITS? YES NO	13 e STREET ADDRESS / ZII		20814	
1	14 FA	THER'S NAME FIRST MI	P. Dell	s sr.	15. MÖTHER'S MAIDEN NAM Adelaide		,	Richards	
		VAS DECEASED EVER IN U.S. ARM	WAR OR DATES)	SECURITY NO. 4-3207 A	Margaret L.	Dell Same as			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	86	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH					
		gave rise to immediate cause (a), stating the underlying cause lost	se						
	TION	PART 2 OTHER SIGNIFICANT CO Diabetes M							
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	/HICH OPERATIO		YES NO NO	CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO []	
	MEDICAL CE	2)0, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR P	ART 2)	
	MEDI	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, O		21f LOCATION STREET	CITY OR TOWN	cour		
		22e.1 certify that (I) (this hospital) attended the deceased from 1978, to Nov 3019 86, that (we) large saw the deceased alive an Nov 298, the deceased alive and Nov 298, to Nov 3019 86, that (we) large saw the deceased alive and Nov 298, the deceased alive and Nov 298, to Nov 3019 86, that (we) large saw the deceased alive and Nov 298, to Nov 3019 86, that (we) large saw the deceased alive and Nov 298, to Nov 3019 86, that (we) large saw the deceased alive and Nov 298, to Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive and Nov 3019 86, that (we) large saw the deceased alive saw the large saw the deceased alive saw the large saw the l							
		DANIE J.	Esposito, n	n D	5454 WISCON.		Chry C	hase, ml.	
		SURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	Y STATE	

DHMH - 16 60M 7/B4

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatie

(VRA 15, 4)

BP.

Parial 12/2/86 | Cedar Hill Ceme 24. FUNERAL DIRECTORJOSEPH Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016

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DEC 4 1986 Julia Davidon Lan Julia Devider Rendals . Ils. . suffic

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• 4 - 2

Julian T. Delly 60. deleide Premore

TI SE-M-SEVE & Margaret L. Dell same as fice p la

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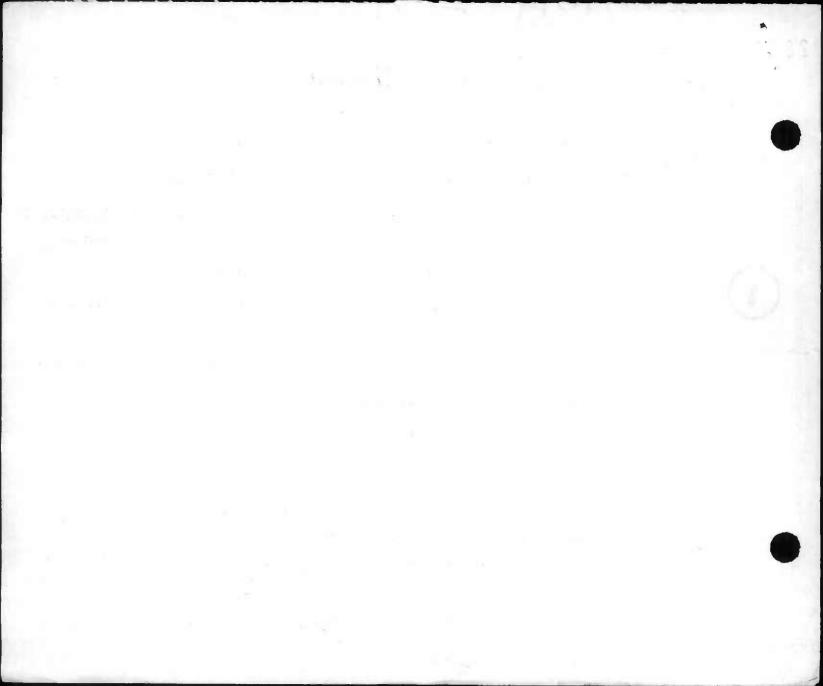
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

3

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2)0	F C C	1 -	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		7
2/8	5 5 8 DEC 31	86	REGISTRAIL		CERTIFICATE OF BEATTI	REG. NO.	AY YEAR 26 HOLIR
	1 75 6		ORPHINI) Arma	nd	DEMILIO	20 DATE OF DEATH MONTH D	AY YEAR 26. HOUR 4 52 PM
	6 60	1.5E		4. RACE	5. DATE OF BIRTH		F UNDER I YEAR IF UNDER 24 HRS
	+ + + + + + + + + + + + + + + + + + +		Male	Caucasian	Jan. 27, 1921	65 YRS.	ONTHS DAYS HOURS MIN.
-	Par Por	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	£ 55 55	Pé	ennsylvania	United State	S WIDOWED DIVORCED	25 4	ounty MD.
	1 21	NO.	TY OR TOWN OF DEATH	LIE NOT IN SUCH EACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12e USUAL OCCUPATION 西门空で行すでの名がORKING LIFE	126. KIND OF BUSINESS OR
-0	5 F3 05		ckville	Shady Grove	Adventist Hosp.	Engineer	TBM
ID 212	A house of the second s	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		OWN 113d. INSIDE CITY LIMITS		a. I /2007/
I E	34/4		THER'S NAME	gomer y bar the	15. MOTHER'S MAIDEN	14 Prairie Ro	se Lane/208/8
ARY	1 15/4	1	Francis	D 'Emi	lio Antoine	# # O	TiVello
m, ∑	5 8- 75	160 V	VAS DECEASED EVER IN U.S. AI			ADDRESS	11/6110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'	700 00/	(15 1111 B OB D 11551	-1789 Ethel G.	D'Emilio, same	
BALT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI	nly one cause per line far (o), (b)		Acard	BETWEEN ONSET AND DEATH
ST.,				TE CAUSE (a)	ordio-pulmonory	Aireit	73 74.10.
Z O	the second			DUE TO, OR AS A CONSE	QUENCE OF		
EST	deo offe offe offe offe	1	Canditions, if any, which	(b)			
× .	# # Feet		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF COREING	Me of p-Neters	1 20014
0.0	that the day the lease recipility creates			(c)			
DS, 2	equires in signed Then pl	Z		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	erminal disease or condition give	N IN PART Trai
S	been been prior ony ir	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED
N. C.	n. n	E S					YING CAUSES OF DEATH?
TA	Z Thysicio		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM IB PA	
JF V	SICIAN: The physicic certificate certificate errol-transit tentral Hygis (1997)		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
Z C	× = × 0 × ±	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	211 LOCATION		COUNTY STATE
VISIO		¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
ō	DING Property After the cas the colth and morked	1		ortal) attended the deceased fro	am Jent. 19 5	1 ta_ eec. 25	19
	T TE SO SE	1	saw the deceased alive a	Dec 12		ian death accurred an the date and haur	
	hasp hasp since the filter them 2		abave, (1) (we) (did) (did n	ot) view the bady after death.	DEGREE		22c. DATE SIGNED
	0 8 0 8 0 ±		7	rand g. 727.	MO ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12.25.86
	by the by the by the detroit detroit and it.		22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS	16220 Frederic	K Rd. #213
	TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		Fr-NK J	MAYO A	. 0	6. theribus .	
	Short Short	230	BURIAL, CREMATION, REMOVA	L 23b DATE DOC	131 NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	
	BP		Burial	30, 1986	Saints Peter & Paul Cemetery	Broomall, Pe	nnsylvania
	DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOROBET	A.Pumphrey	Funeral Homes 250 Ckville, MDPA	DATE REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE
	(VPA 15 4)	130	00 West Monto	nomerv Ave.R	ockville, MDra	4000 11.4	- 1



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 I EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN P. NCIL IN TIEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAM VIER ALO TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUSIAL - TRANSLAPER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEIR BALLTHAND MENTAL HYGEIR BALLT 07/84 BP 25M

TITLE (SPECIFY) ACTUAL 12/30/86 Assistant EXAMINER'S NAME William M. Zane, M.D. Balto.MD ADDRESS 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 1-6-87 Burial Mount Peace Cemetery Pennsylvania 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Julia Deridomother Bailey Funeral Home 1348 N. Calhoun St. (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO INDECENSED NAME MIDDLE 20 DATE OF DEATH DESAUTELS 26 HOUR EVELINA (TYPE OR PRINT) 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS FEB. 1892 WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Vermont DIVORCED [WIDOWED Montgomery 8 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Homemaker of working life own home Fair land Nursing Home Silver Spring USUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Mary Land 13e STREET ADDRESS / ZIP CODE Pr. Georges 13(New Carrollthis Inside City Limits? 6100 84th. Avenue 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST MIDDLE FIRST Priscilla Rivers Stone Frank 9077 134th Way North 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATES) Paul Desautels-son-Seminole, Fla 33542 64 - 50 - 0010APPROXIMATE INTERVAL BETWEEN CONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lize for (a), (b), at III PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE We Disea Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. CERTIFICATION 206 IF YES, WERE FINDINGS USED No DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED ENTER NATURE OF INJURY IN HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e. PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a.1 certify that (I) (the haunted) attended the deceased sow the deceased alive (ii) abave (ii) (wet (did) (did not the life bottom). and that in (my) (autopinion death accurred an the date and have and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS shauld be 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Cape May STATE Buria1

Fairview Memorial Pk.

Cape May Court House 250 DATE REC'D BY REGISTRATIZS REGISTRAR'S SIGNATURE.

12-22-1986

Hines/Rinaldi Funeral Home 11800 N.H. Ave.,

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29592 JAN +8 STRAR CERTIFICATE OF DEATH REG. NO DECEASED NAME MIDDLE 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Charlotte Diehl 12/17/86 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR July 15,1889 female white TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Germany Montgomery County, WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rockville National Lutheran Home Homemaker at home.. ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS JOUAL RESIDENCE (IF NURSING 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Adams Gettysburg Pennsylvahia YES X Hanover St. 17325 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Clara Antony Hosel Bachman WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Rockville, Md. (YES, NO OR UNKNOWN) 577-84-5023 no Rev.Dr.Richard Reichard 9701 Veirs APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line (a) (a), (b), and (c PART I. DEATH WAS CAUSED BY 5 mo IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Dorold above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF T DIRECTOR PHYSICIAN PHYSICIAN [22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY Dec.18,1986 Metropolitan Crematory Alexandri

DHMH 16 60M Z 84 VRA 15, 41

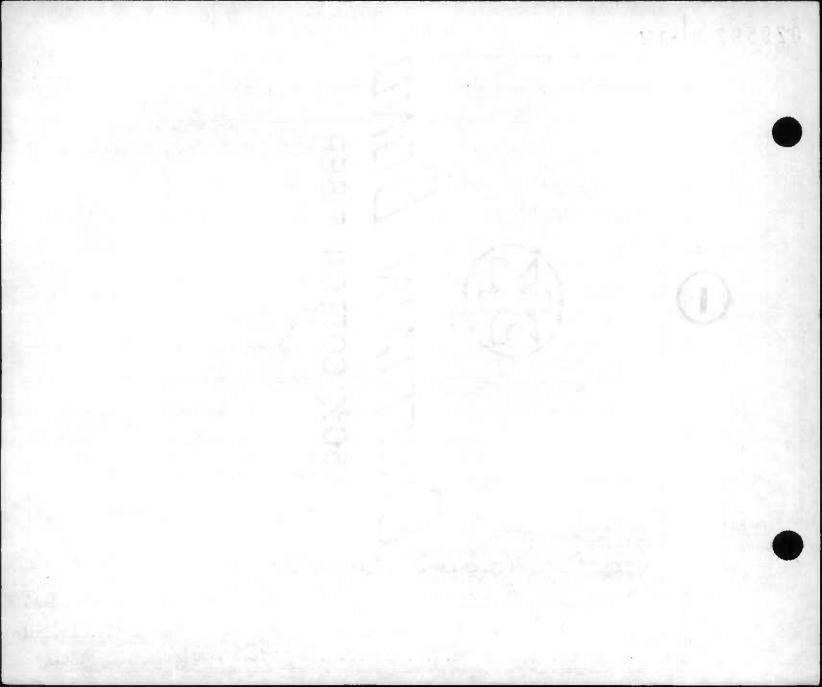
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Hysong Co.

Cremation 24. FUNERAL DIRECTOR

1300 N St.N.W.Wash.D.C.



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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY	GIENE REG. N	0			
	1. DECEASED NAME FIRST HELE 1 3. SEX	MARI A RACE	E DI	mond	20. DATE OF DEATH	MONTH DAY	YEAR 86 IDER I YEAR	26 HOUR 4/150	м
-	JO BIRTHPLACE (STATE OR FOREIGN	Cauc.	INTRY? 8	DAY YEAR	85	YRS.	DAYS	HOURS MIN.	_
1	Washington, D.		WIDOWE	DIX DIVORCED	Montgo			M	_
	Rockville	Potomae V	alley Nurs	rother institution	120 USUAL OCCUPATION OF COMMON TO Housewif	F WORKING LIFE) IN	Home	F BUSINESS OF	2
1		other institution give resident ity 13c city of troomery Roc	R TOWN	13d INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS 5600 Pier	Drive 20	0851		
	Thomas Fr		rphy	15 MOTHER'S MAIDEN NA Mary	Veronic		Dillo	n	
	100 OR UNKNOWN) (IF YES GIVE		0-1957	Margaret M.	Wilkinson (d		same	as 13e	
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	PART 2 OTHER SIGNIFICANT C	19b. CONDITION FOR		N WAS PERFORMED	200 AUTOPSY? YES NO W	20b. IF YES, WEI IN CERTIFYING YES [RE FINDING CAUSES	GS USED	
1	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM IB PART I C	OR PART 2)		
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	22 STONATURE	A. R.	Noun	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	3 DATE S	signed Re 86	>
	Rugus tus	00:	1010,01		iethes de		90	814 814	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial	23b. DATE 12/5/86	Gate of	Heaven Ceme	23d LOCATION CITY OR TOWN Sil	ver Sprin	ng, M	aryland	l
	1331 Rockville	eeler Funeral	Home, In	10.	TE REC'D. BY REGISTRAR		SSIGNATU	JRE	

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TO FUNERAL DIRECTOR:

DHMH - 16 60M 7/84

(VRA 15, 4)

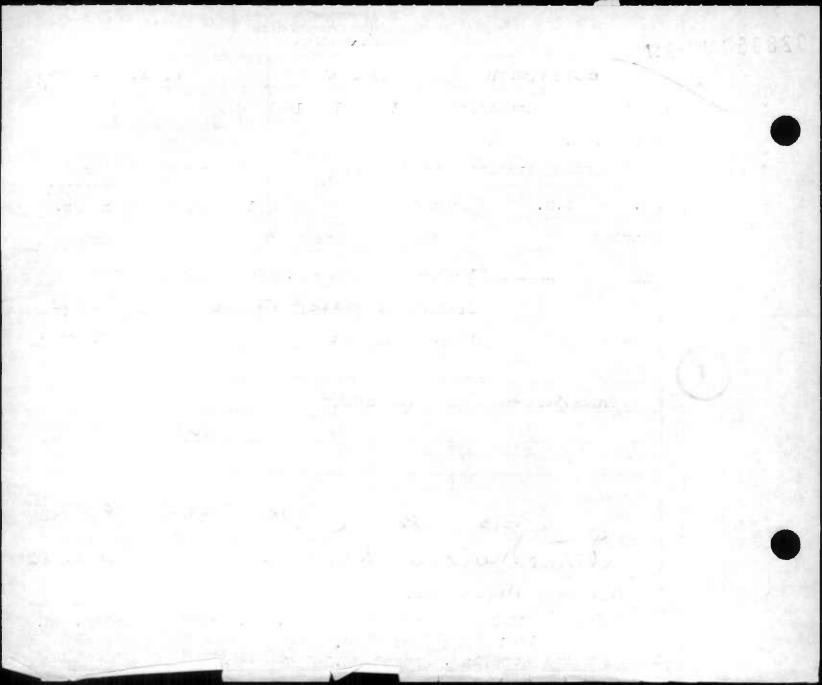
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

-2 PRIGISTRAR		CENTIL	TCATE OF DEATH	REG. NO.		
I DECEASED HAME FIRST	MIDDLE	2	LAST .	18 DATE OF DEATH	6-86 350	
	ABETH Ann		NON	6 AGE (IN YEARS LAST BIRTHDAY)	6-86 35 P.M.	
Female	caucasian	5 DATE C	7 T892	-	NONTHS DAYS HOURS MIN.	
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	D Q NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
Waterloo, Md.	USA.	WIDOWE	DIVORCED	Montgomery	MD.	
Silver Spring	Fatrland No			120 USUAL OCCUPATION THOMEMIAKE LORKING LIF	126 KIND OF BUSINESS OR INDUSTRIOME	
Ma. P.G	INTY 13c CITY OR	SEFORE ADMISSION) TOWN	13d Inside City Limits? Yes \rightarrow no \tag{5}	916 Phillip P	20707 owers Dr.	
Charles	MIDDLE D'S	xon	15. MOTHER'S MAIDEN NAM Margaret		Dixon	
160, WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRESS		
no -	216-30)-4690 <i>I</i>	James M. I	Dixon same a		
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	DUE TO, OR AS A CONSE	EQUENCE OF			YEARS	
Conditions, if any, which gave rise to immediate	107	LOSCLE	<u> </u>		1	
couse (a), stating the underlying couse lost.						
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART TIO	
E. CERRISE	LO VASCULAR	Acci	DRNT	i.e		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATIO	N. WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO	
OR CONTRIBUTION CALLET OF DE		DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19				
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
AT WORK AT WORK	-is-ly-secondary the december of the		10 78	12/26	10 86 that the Part	
sow the desegred align a	pital) attended the deceased for	9 86		death accurred on the date and hou	, mor (ii was lost	
obove (I) did did n	at view the body after death		DEGREE		224 DATE SIGNED	
1 Clas	o mule		L.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12-26-86	
22d. PHYSICIAN'S NAMULTYPE	OR PRINTS		22e ADDRESS	J VILLETON E TOTAL E		
ALFRE) MULLER	2				
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	12/30/86	23c NAME OF C	enetery or crematory cidge Memo. C	Cem. "Balltimore	Balto. Ma.	
24. FUNERAL DIRECTOR	7601 Sandy	Spring	Rd. 250 DAT	E REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE	
Fleck Funera:	1 Home, Inc.	Laurel	Md. 2070 E	30 1986 Autia	Tooldson-Raidall	



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	+	
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T	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be	retained by the hospital of attending physician.
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-	,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL I	HYGIENE 8 6	35/05
745 DEC 3	88	STATE STEPSTRAR S &	ph J.	CERTIFICATE OF DEATH	REG. NO.	
e e e		EASED NAME FIRST	MIDDLE	D. J. a. N	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 20 3333 AM
ou de de	B. SEX	1034	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4	1	nale	white	July 6 1916		MONTHS DAYS HOURS MIN.
A 20 P		OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		
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s offer	R	ekville Md. 5	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORK	
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P. A. A.		Andrew	Dolan	Tulia	WEST	UNKNOWN
ecute		AS DECEASED EVER IN U.S. ARME		JRITY NO. 17 INFORMANT	ADDRESS	GAiThersburg and.
X X	(,	ES, NO OR UNKNOWN) (IF YES, GIVE W		2631 Margre	T Dolan 15/85	wine Suppr. 20878
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of the o		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	Other Con	al Bolow	
igned beneath burial,	7	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMHAL DISEASE OR CONDITIO	N GIVEN IN PART 110
requesity injury	TION	19a. DATE OF OPERATION	LINE CONDITION FOR WILLICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
hos by perm	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		CERTIFYING CAUSES OF DEATH? YES NO NO
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ppitol Spritol CTOR for u		sow the deceased alive on above, (1) (we) (did) (did not)	new the body ofter death	and that in (my) (our) opin	on death occurred on the date on	hour and from the causes stated
the host L DIRECT to Ched e Dept		226. SIGNATURE	an	DEGREE ATTENDIN PHYSICIAN		224 DATE SIGNED
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BP		SPECIF	12/2/186 C	hambers Cremato	CITY OR TOWN	COUNTY STATE
	24 FU	Cremation INERAL DIRECTOR	100/00/100	25a_	DATE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		W.W.Cha	mbers co.	Silver Spring and	DEC 29 1986 g	ulia Devideon. Randall

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IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 12h KIND OF BUSINESS OR Law 13e STREET ADDRESS / ZIP CODE

REG. NO.

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IN CERTIFYING CAUSES OF DEATH?

2 months

26 HOUR

STATE

STAFF

22c DAJE SIGNED

FOR

REGISTRAR

- STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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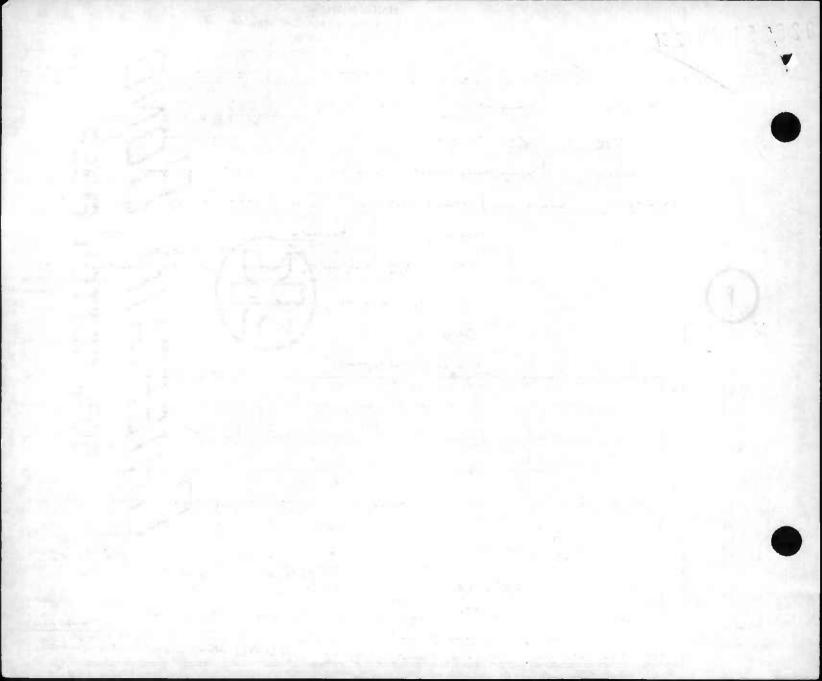
U2/U5 DEC	15 86 FOR		ATE OF MARYLAND	8 6 3 5	101
-5	1 - STATE REGISTRAR		NER'S CERTIFICATE OF D	EATH REG. NO.	
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN X MONTH	H DAY YEAR 25 HOUR
ET,	(TYPE OR PRINT) John	Charles	Donham	DEATH MATED 12	/9 19 86 M
PLEASE INFECTOR. N FOLES. STREET,	3. SEX 4. RACE	5. DATE OF BIRTH 6. AGE (IN)	(EARS IF UNDER TYR. IF UNDER 24 H	PRONOLINCED	DAY YEAR 74.36 PR
92305k	Male White	Jan. 2, 1931 55	YRS.	DEAD 12,	
S S FOR WITH MANUAL S S FOR S FOR S S FOR S FO	FOREIGN COUNTRY) Penna.	U. S. A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED	Montgomery Co	
PAGE 5	10. CITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL, NURSING HOA (IENOT IN SUCH FACILITY, GIVE STREET ADDRESS 814 Heron Drive) C	USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SUDVE	OR INDUSTRY
AMD3	130. STATE 1136 COL	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS INTY 13c CITY OR TOWN SILVER SI	oring tad inside city limits? 13e	street address 14 Heron Drive,	20901
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	William	Donham Donham	15. MOTHER'S MAIDEN NA FIRST Hazel J	ane Swart	LAST
BALTIMO		rean 166 SOCIAL SECUR 579-42-		a L.Donham	me as # 13 above)
		ATE CAUSE (a) Seizure disc			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON IN SCERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURD THE WORD "PENDING" IN PENCIL IN ITEM RDED TO THE CHIEF MEDICAL EXAMINER ALONG PERSHOULD BE USED AS A BURIAL - TRANSIT PERM EDEPARTMENT OF HEALTH AND MENTAL HYGIER OI PRIOR TO BURIAL, CREMATION, OR REMOVAL	Canditions, if ony, which gove rise to immedia cause (a) stating the <u>unde</u>	te / (b)			
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ZHE WELL	SIGNATURE	- Jugers	M.D. Deputy 1919 Ser	MEDICAL EXAMINER SIGN	12/9/86
A PANDA CCONTE CONTE CONTENDO		John S. Rogers, M.D.	ADDRESS Silver	Spring, Montgome	ry County, MD
07/84 BP	236.BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12-13-1986 RIVERSID	F CEMETERY	Coa Ost - Cross	ounty state
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STATE OF MARYLAND

Female RTHPLACE (STATE OR FOREIGN COUNTRY) New York ITY OR TOWN OF DEATH Wheaton AL RESIDENCE (IF NURSING HOME OR OF DEATH TO THE PROPERTY OF THE PROPERTY	Caucasian Citizen OF WHAT COUNTRY? Inited States I. NAME OF HOSPITAL, NURSIN (IENOT IN SUCH EACHLITY, GIVE RESIDENCE BEFOR Y SILVER DOLE Fortune ED FORCES? WAR OF DATES! DOG 6-05- ONE cause per line far (a), (b), on BY: CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF COUSEDURE OCCUSED IN TOWARD TOW	MARRIED NEVER MARRIED MIDOMED MIDOMED MIDOMED MIDOMED MIDOMED MIDOMED MIDOME MADDERSS) IN MOTHER INSTITUTION MIDOMESSION MIDO	Montgomery County, 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) Law 13e.STREET ADDRESS / ZIP CODE 3114 Adderly Court 20906 14 Adderly Court 20906 Travis Travis 7200 Prestrax Road Dwney Bethesda, Maryland 20814 Between Onsei and Death Between Onsei and Death Between Onsei and Death Between Onsei and Death Court 20906 Draw Dr
Female RTHPLACE (STATE OR FOREIGN TO COUNTRY) New York ITY OR TOWN OF DEATH Wheaton AL RESIDENCE (IF NURSING HOME OR O'STATE ATYLAND ATHER'S NAME FIRST MIT FIRST MIT PATTICK WAS DECEASED EVER IN U.S. ARMI VES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (10), storting the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	Caucasian Citizen OF WHAT COUNTRY? Inited States I. NAME OF HOSPITAL, NURSIN (IENOT INSUCHEACHITY, GIVE STREET Manor Care Nurs: THER INSTITUTION GIVE RESIDENCE BEFOR Y COMERY SILVER DDLE LAST Fortune ED FORCES? WAR OF DATES! One cause per line far (a), (b), on BY: CAUSE (o) DUE TO, OR AS A CONSEQUE OUE TO, OR AS A C	S. DATE OF BIRTH MAY 9, 1902 B. MARRIED NEVER MARRIED MIDOWED DIMORCED MIDOWED DIMORCED MIDOWED MIDOW	84 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery County, 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Legal Secretary 130 STREET ADDRESS / ZIP CODE 3114 Adderly Court Travis 7200 Fairfax Road Death Middle Travis 7200 Fairfax Road Death Maryland 20814
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gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	ENCE OF	
gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	ENCE OF	
underlying couse lost PART 2 OTHER SIGNIFICANT CO	10 Hypen		
	ONDITIONS CONTRIBUTING TO		
		DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
			YES NO
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH			
21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	
NOT WHILE	(AT HOME STREET FACTORY, OFFICE, I	ARM ETC) STREET	CITY OR TOWN COUNTY STATE
	I) ottended the deceased from	J111.V 10 84	December 18 86
		132	n death occurred an the date and hour and from the causes stated
	view the body ofter death		22c. DATE SIGNED
Most	to-		
224 DHVCICIANIC NAME	21	PHYSICIAN	DIRECTOR FITSICIAN
1 1	251111		
			2 172 20814
BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION TO THE COUNTY STATE
Burial	,		Parviand
	21d INJURY OCCURRED 11d INJURY OCCURRED 12d INJURY OCCURRED 120 I certify that (I) has haspito 121 I has haspito 122 I has haspito 122 I has haspito 123 I has haspito 124 I has haspito 125 I has haspito 126 I has haspito 127 I has haspito 128 I has haspito 129 I has haspito 120 I	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I ALL WORK 22a. I certify that (I) this haspital) ottended the deceased fram sow the deceased dive an obove, (I) (we) (did) (and not) view the body after death. 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR MINT) ACCURATE COLUMN (SPECIFY) 23d DATE Dec. (SPECIFY) Burial 23d Ga	THE HIME NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21d LOCATION STREET 22d Certify that (I) has haspital) ottended the deceased from JULY sow the deceased alive on obove, (I) (we) (did) (fid not) view the body after death 22b SIGNATURE DEGREE ATTENDING PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR MINT) ATTENDING PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR MINT) BURIAL CREMATION REMOVAL 23b DATE Dog 23c NAME OF CEMETERY OR CREMATORY

7557 Wisconsin Ave. Bethesda, Maryland 20814



DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BALTIMORE, MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR					REG. N	Ο.		
		CEASED NAME FIRST OR PRINT) WA HE F	2 CHARL	ES s	DRIVE	_	Dec.	MONTH	1986	26 HOUR 0750 M
	3. SEX	MAle	B/ACK	5. DATE OF			E (IN YEARS LAST BI	YRS.	MONTHS DAYS	R IF UNDER 24 HRS
2		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIE		LTIMORE CITY O	COUNT	ERY	MD.
5	R	ockville	MAGY GYOVE	4 CIVEN	Tist Hos	A. IZa L	SUAL OCCUPAT WORK FOR MOST	ON WORKING LI	FE INDUSTR	OF BUSINESS OR
2	13a. S	AL RESIDENCE HE NURSING HOME OR OTH STATE 13b. GOUNTY	12. EITY OR TOV		134 INSIDE CITY LIM	. 1 -01	REET ADDRESS	ZIP COD	ille x	2 /20874
)		ATHER'S NAME FIRST GOLDEN	1 Driver		15. MOTHER'S MAIDI	att/	e MAN	omi	95	AST
		VAS DECEASED EVER IN U.S. ARME (15 YES, GIVE W		8332	MEDIS	Dr.	Ver Lu	orte)	SAMO	AS# 13
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Y: Obt		a				BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) P C Ub DUE TO, OR AS A CONSEQUE (c)	ty	Cerebroi	IASC.	ular sufficie.	ncy		
	NOI	PART 2. OTHER SIGNIFICANT COM	nditions <u>contributing to</u>	DEATH BUT N	NOT RELATED TO THE	TERMINAL	ISEASE OR CON	DITION GIV	VEN IN PART	lia
)	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	I WAS PERFORMED		AUTOPSY?	IN CERTI	s, were find fying cause es []	NO [
1	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY O	CCURRED (E	NTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
		22a.1 certify that (1) (this haspital) saw the deceased alive on above, (1) (was (did) (did)	extended the deceased from Prombey 14 19 iew the body after death.	SG and	that in (my) (aur) a	onnion death	Decel	nber ate and how	15 36 or add from th	ne causes stated
		224 PHYSICIAN'S NAME (SYPE OF A	Milluras	M	ATTEND PHYSIC 22e ADDRESS		DICAL STA		12/ 12/	15/86
-	22 0	Robert n	lillman, M	P	9711 Mec	Ical (Enter	Pri	1. #	0850
		Burial Burial			METERY OR CREMAT		Silve	r Sp:	ring,	Montg. M
		INERAL DIRECTOR Orge R. Snowden		ington	St.	DATE REC	D. BY REGISTRAR			ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detoched to un with the State Dept of His retained by the hospita TO HOSPITAL OF

IMPORTANT: # IM

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

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CERTIFICATE OF DEATH

REG. NO I. DECEASED NAME FIRST MIDDLE LAST 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) S. Eria December 17, 1986 Duncan 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE MONTH August 12, 1898 Female White BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Nebraska U.S.A. Montgomery County WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Manor Care Wheaton Nursing Home Homemaker Home Wheaton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery 134 CITY OR TOWN 134 INSID Silver Spring YES 3506 Twin Branches Ct. 130. STATE 13d. INSIDE CITY LIMITS? Maryland 20906 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Perry MIDDLE Scott Nellie Carev 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) Vannce Duncan (Husband) Same as # 13. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from... saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did nat) view the bady after death. 776 SIGNATURE DEGREE 22c DATE SIGNED mr. ATTENDING MEDICAL Dec PHYSICIAN DIRECTOR PHYSICIAN 22d PHY SICIAN'S NAME (TYPE OF PRINT) 2901 Olney-Sandy Spring Rd. Olney, Maryland Dr. Jules Lodish. M.D.

DHMH - 16 60M 7/B4

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Dec/18/86 Cremation

CHAMBERS FUNERAL HOME

23c. NAME OF CEMETERY OR CREMATORY CHAMBERS CREMATORY

SILVER SPRING. MARYLAND

23d. LOCATION

24. FUNERAL DIRECTOR

RIVERDALE. P.G.CO. MARYLAND 25 PATERE 2 BY EGGERAR 256 REGISTRAR'S SIGNATURE

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	A			3343		- 10

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DEC. 31

' ST	ATE OF MAR	RYLAND	
DEPARTMENT C	F HEALTH A	ND MENTAL	HYGIEN
CER	TIFICATE C	OF DEATH	

1	STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. N	0		
100	CEASED NAME FIRST PE OR PRINT)	rel	H.	EL	LETT	20. DATE OF DEATH	MONTH DAY	86	26 HOUR 2 7 A
3. SE	Female	1 RACE	casian	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Mo	HRTHPLACE (STATE OR FOREIGN COUNTRY) WYLAND	u.s.A.	VHAT COUNTRY?	MARRIE WIDOWE	DIVORCED	9 BALTIMORE CITY O	mery	F DEATH	MD
X	ELY OR TOWN OF DEATH BELLE LAL RESIDENCE LIE NURSING HOME O	(IF NOT INJUCT	Production H	DSpil	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Homemaker	F WORKING LIFE)	12b. KIND C INDUSTRY Homen	naker
138. Ma	STATE 136 COU		GIVE RESIDENCE BEFORE 121 CITY OF TOWAY	N	13d. INSIDECITY LIMITS? YES NO 1	130 STREET ADDRESS		Lane	20852
	Harvey	MIDDLE	Henley	1	Anne	MIDDLE		Everî	hart
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one cause per ED BY: TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE Pheu moni	NCE OF	arrest e to Psaud	cobbohas dus	same as	3/2	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI		OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO M	206. IF YES, V IN CERTIFYIT YES	NG CAUSES	NGS USED S OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	~1D	A. MONTH DA	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	I OR PART 2)	
MEC	WHILE NOT WHILE AT WORK AT WORK		OF INJUKY EET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220 I certify that (I) (this hosp sow the deceased alive or abave, (I) (we) (did no	Dec 1	19.8	6 , or	nd that in (my) (part) apinion (to Dec	19, 19 ate and haur a		that (I) (we) lost couses stated
	226. SIGNATURE	J. Cot	hen,	1-D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	SIGNED 19-86

Congressional Lane, Rochville, HD 20852

230. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

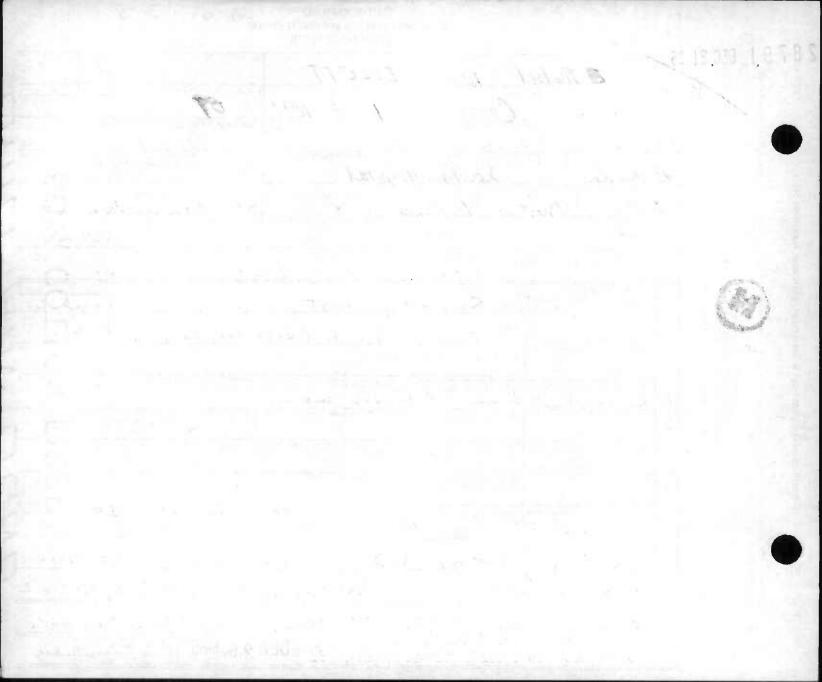
23c. NAME OF CEMETERY OR CREMATORY Dec. 22, 1986 Cedar Hill Cemetery Suitland Prince Georges Md.

Francis (VRA 15, 4)

500 University Blud. West, Silver Spring, Md.

DEC 2 9 1986 Julia Dividson Rondale

DHMH - 16 60M 7/84



STATE OF MARYLAND	8	6	3	5	1	-	3
ARTMENT OF HEALTH AND MENTAL HYGIENE	9						

DEP CERTIFICATE OF DEATH

REG. NO.	
INDECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONIT 2 DAY 3 YEAR	6 26 HOUR
Nancy Elman 12386	11184
1. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
Female White Month 8 DAYS VED 84 YRS	HOURS MIN.
SIRTHPLACE ASTATE OF FOREIGN 1/2 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH	
Pennsylvania U.S.A. MARRIED NEVER MARRIED Montgomery County	MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND	OF BUSINESS OR
	Office
AL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 STATE 134 CQUANTY 136 CITY OR TOWN 136 INSIDE CUT LIMITS? 138 STREET ADDRESS / ZIP CODE	
Maryland Howard Columbia YES [7. NOXIX 10406 Blue Arrow Cou	rt 21044
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE	
Bernard Silverman Rebecca Yovens	tein
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDREAS, O. P. 1 A.	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 165-07-0546 Barbara J. Arnelle Columbia, MD	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPRO	XIMATE INTERVAL NONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAICURE	
Canditions, if ony, which (b)	
gave rise to immediate	
couse (o), stating the underlying cause last. [C] GASTRO INTESTINA BCKEDING	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN GI	la
190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSE YES NOW 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
YES NOW YES YES	S OF DEATH?
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	110
OR CONTRIBUTING CO	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY	
WHILE NOT WHILE TO THE PLACE OF INJUST (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY	STATE
WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (this haspital) attended the deceased from 11 16 19 66 to 12 13 19 66	
saw the deceased alive an	, that (II (we) last
above, (1) (we) (aid) [did hat] view the body after death.	
ATTENDAGE AUTOGOD GENERAL CONTROL CONT	ESIGNED
PHYSICIAN PHYSICIAN	3/86
22d PHYSICIAN'S NAME (TYPE OF PRINT) 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22d ADDRESS DEL HAM DIANT RE TY	E #212
F. SUDHAKAR, MD	0783
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
(SPECHY) CITY OR TOWN COUNTY	STATE
Burial 12/5/86 Har Nebo Cemetery Philadelphia Pe	nnsylvani
Burial 12/5/86 Har Nebo Cemetery Philadelphia Pe Leroymet M. & Russell C. Witzke Deutschaft Homes P.A 250 Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL PROPERTY OF THE PROP	7

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

WPORTANT, #

1 - STATE

- 190

I U NOV I	U STATE	M.E./ Gl)] •	MEDI	CAL EXAMIN	ER'S C	ERTIFICATE O	FDEATH	REG. NO.		6.
	1. DECEAS	ED NAME	FIRST		AIDDLE		LAST	20. DATE K	NOWN FT M	ONTH DAY Y	EAR 26 HO
Maria Cr	(TYPE OR PR		José	T.1	ıiz	Er	ncarnacion	OF DEATH	F311	11 1 19	86
A SE E E E	3. SEX	4. RACE	5. DATE OF		6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER				YEAR 2d HO
A NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. MITHIN 72 HOURS WEESTON STREET.	MAI	E BLAC		25-19			AS DAYS HOURS	MIN. PRONOUN DEAD	CED	11 1 19	86 6:0
AND		LACE (STATE OR			T COUNTRY?	8. MARR	ED NEVER MARRI	P. BALTIMO	ORE CITY OR C	OUNTY OF DEAT	Н
DACE N		RGIN ISLAI	vos I	U.S.	Α.	WIDOW		Mon	tgomery	County	
THE R		TOWN OF DEATH	II. NAME	OF HOSPI	TAL, NURSING HOM	, OR OTH	ER INSTITUTION	12a. USUAL OCCUP		WORK 126 KIND O	OF BUSINESS
		ville	Rt.	355	& N. Campu	s Dri	ive	STUDENT		SCHO	
AND 3 TRETAIN GOULD BECORD	USUAL RES	SIDENCE (IF IN NURSIN	G HOME OR OTHER INSTIT	UTION, GIVE	RESIDENCE BEFORE ADMISS	ON)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	ŝs		
FISH	Mo		MONTGOME		ROCKVILI	E	YES 💹 NO 🗌	407 C	OLLEGE :	PARKWAY	20850
H 8 3 /	A4. FATHER	R'S NAME IRST	MIDDLE		LAST		15 MOTHER'S MAIDE	N NAME	DDLE	LAST	
るまり	E	VRIQUE		-	CARNACION		CAROL		М	GREY	
SIONOR +			U.S. ARMED FORCE YES, GIVE WAR OR DATES)	S?	166. SOCIAL SECURIT		17. INFORMANT		ADDRESS		
	NO				580-08-97.	LO	ENRIQUE E	NCARNACIO	N (SAM	E AS ITE	
Drys.	18.	CAUSE OF DEATH (Enter anly ane cause	per line fo	ır (a), (b), and (c).)					BETWEEN	ONSET AND DE
PERMIT SIENE.	125	PART I DEATH WAS	CAUSED BY: NMEDIATE CAUSE (a	Mu	ltiple inj	uries	5				
MINER ALON TRANSIT PER NTAL HYGIEN OR REMOVAL	10	100	A	TO, OR A	S A CONSEQUENCE	OF					
RA AK		Canditians, if any gave rise to im		>)							
TAME .		cause (a) stating the lying cause last.	e under- DUE	TO, OR A	S A CONSEQUENCE	OF				. 11/2	
NO N			((c)							
M m d d		2 OTHER SIGNIFICANT CO	ENDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERI	AINAL OISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a)			
USED AS A I	7 19a.	DATE OF OPERATION	ON Tinh	CONDITIO	ON FOR WHICH OPE	ATION W	/AS DEDECIPMEN?			20 AUTO	DDSV2
BETA /	를 를	DATE OF OFERATION	170.	CONDIN	SINTOK WITHEIT OF E	(A)IOI+ II	ASTERIORNES.			YES	
	210	EXTERNAL CAUSE	WAS 21b	TIME OF I	NJURY MONTH DAY YEA	2/C H	OW INJURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM JB PART		is ca
TOPE		DERLYING SOR	HC	DUR XXX A Θ P.M.	MONTH DAY YEA	R D	edestrian e		y an a		ted a
SHOU SHOU RIOR	S 21d	IN HIPY OCCUPPED	21e	PLACE OF	INJURY (AT HOME,	21f I C	CATION		ou co		
GE 3 SI GE 3 SI TE DEP	¥ WH	WORK AT WOR	HILE XX		ry, FARM, ETC.) treet	R+	. 355 & N.	Campus Dr	ive.Roc	kville.M	ont ME
PA ZIZ											
20世界			ak charge of the rem			Autop				my apinian	
SER.	de	ath resulted fram:	Natural causes	-1.	Accident X, S	vicide	, Hamicide	Undetermined mo	nner .		
SHOULD BE RAL DIREC ATH, WITH RE, MARY		TUAL .	100 00 10	w 4(nell		TITLE (SPECIFY) Assistar	nt MEDICAL EXAM		DATE 11	/2/86
Z E E	SIG	NATURE W	My ac M	11	CIUV-		(.D	MEDICAL EXAM	INER	SIGNED	
A POS	EXA	MINER'S NAME PE OR PRINT)	Margarita	a A.	Korell, M.	D.	ADDRESS 111 I	Penn St.	Balto.M	D.	
PACE A SHOULD BE FOR TO FUNERAL DIRECTOR: TO FUNERAL DIRECTOR: BAITWORE, MARYTAND: BAITWORE, MARYTAND:	23a BURIA	L CREMATION REM			23c. NAME OF CE			23d. LOCATION			
	(SPECIF)	RIAL		-1986			VEN CEM.	SILVER	SPRING	MONTG.	CO. ,1
P	24. FUNER	RAL DIRECTOR						REC'D. BY REGISTRA	R 25b. REGISTR	AR'S SIGNATURE	
HMH - 17 A15 ME (5))	TJ WAN		ERS CO. T	ADDRESS	STLVER SPI	TNC	Ma. Off	6 1986	alia L	Troider Par	Large

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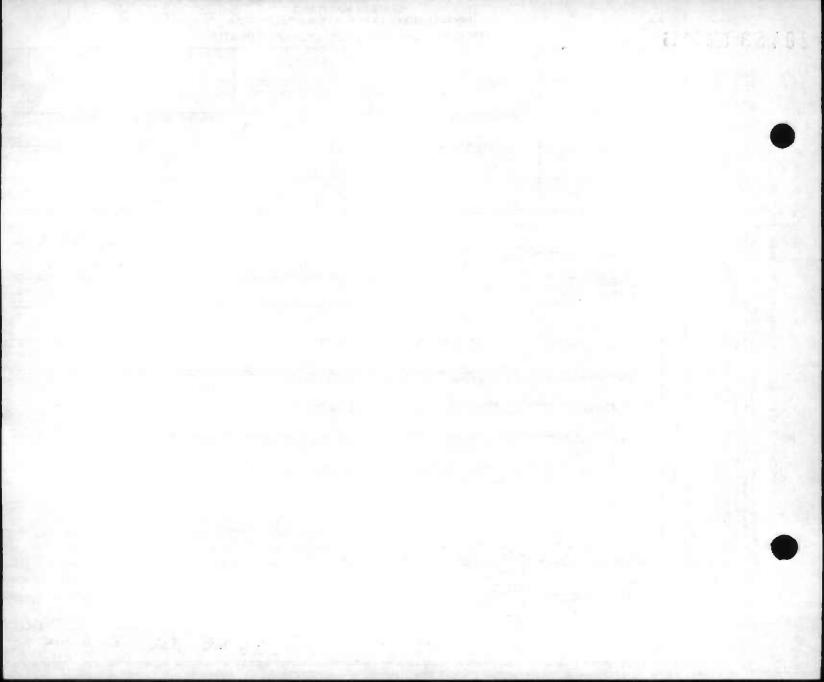
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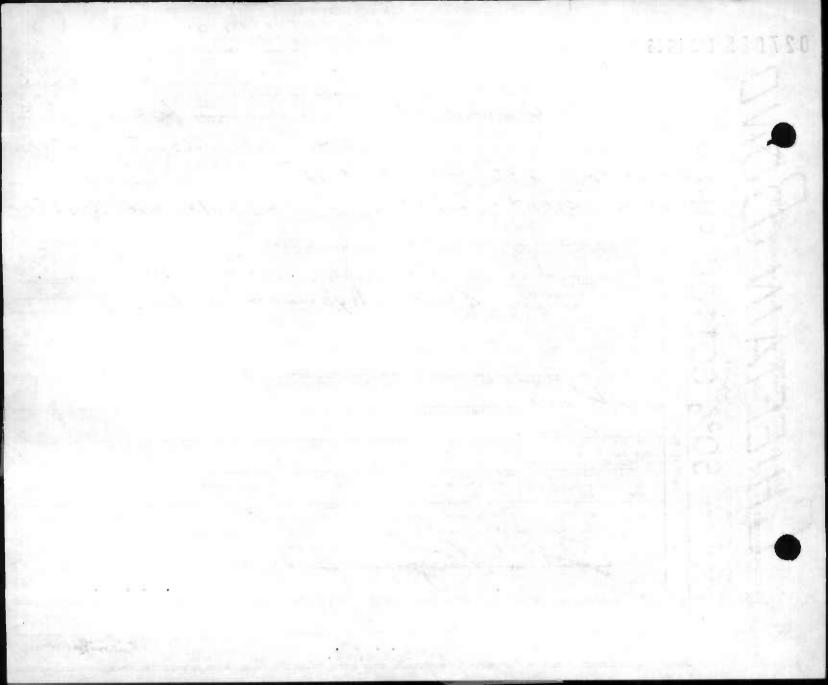
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127112 050	1.	FOR STATE PREGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		S	5 /	
0 Z I I I J UEL		CEASED NAME FIRST		MIDDLE	C	AST	REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR 86	26. HOUR 5.55 M
noy be	3. SE	2 am	4. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT	12 06	JNDER I YEAR	5.55 M
ge 4 m		Male	white	te	Janua	ary 12, 1913	7	MON	THS DAYS	HOURS MIN.
nord di		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O Montgom	_	FDEATH	MD
by the fu	Si	lver Spring	HOLU	UCH FACILITY, GIVE STREET	spita	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON	126. KIND O INDUSTRY	F BUSINESS OR
filled in nould be	13a.	ALRESIDENCE (IF NURSING HOME OF STATE 136 COURSELL HOUTE	R OTHER INSTITUTIO	131. CITY OR TOWN SILVER S	ADMISSION)		13e.STREET ADDRESS 2445 Lytt	ZIP CODE ONS VILL	209	7/0
MARYL, mapletely 3rd 2 st	14. F/	ather's name Israel	MIDDIG.	Exlic	h	15 MOTHER'S MAIDEN NAM	ME		Schup	ak
be execut on and co		VAS DECEASED EVER IN U.S. A YES, NO THUNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	577-46-9		Sala Nudel S	207 Darröß ^{re} ilver Sprin	Street, g, Mary	land	20902
ST., BAL		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	nly one couse p ED BY. TE CAUSE (o)_	er line for (o), (b), one		heart Salvre			BFTWEEN C	MATE INTERVAL DNSET AND DEATH
ire, that the titregate physician and completely filled in by the titregate and the titregate and the titregate physician are moved.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CO DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires in other ding physicion. When this certificote has been signed to as the burial-straint permit. Then plus thand Mental Hygiene prior to burial orked or Item 18 shapes any injury, or a second or Item 18 shapes.	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	IGS USED OF DEATH?
OF VITAL R ICIAN: The g physicion. giol-tronsit poi iol-tronsit poi iol-tronsi		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURE		1		
IVISION OF UG PHYSICIA ottending pi ter this certif is the burial-th n and Mental	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ATTENDIN spital or CTOR: Af for use o of Health		22a.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did n	17/6	19 8	6 .00	d that in (my) (aux) aprinion (ta, ta			that (I) (we) last
ITAL OR A Pay the hosy the hosy the hosy detached side population of the pay in the pay		Mideel L.	2 Mis				MEDICAL STAF	F IAN 🔊	221. DATE	SIGNED 6/86
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State			DLN M.			10313 G-COSIZ		Sp-71	Md. 2	2090
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	12/7/	1986	Moun	t Lebanon	23d LOCATION CITY OR TOWN Hyattsvil	lle.	P. G.	state Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24LR	UNIALDIRMIORSTEIN 32 CARROLL STRE	HEBREW ET, N.W	MEMORIAL I ., WASHING	-UNERA GTON,	D. C. 250 DAT	e rec'd. By registrar 0 9 1986	0 1	R'S SIGNAT	ure



		1,	rem.#.1,& 15, 111m (TATE OF MARYLAND OF HEALTH AND MENT	AL HYGIENE 6	35/10
7 '	77005 05		STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICAT	E OF DEATH REG.	NO
J 6	Z / U O J UE	113	CENSED NAME NICO	DLA Luciano	FARA	20 DATE VALOUEL	
	PLEASE CTOR. FILES.	3. SI	4. RACE	S. DATE OF BIRTH AMONTH DAY YEAR LAST BIR	YEARS IF UNDER LYR. IF UNITED AYS HOUSE	NDER 24 HRS 20 DATE	MONTH DAY YEAR 2d HOUR
	RARY, PLEASE RADIRECTOR. RYOUR FILES. MILY 72 HOURS	72.1	M W INTERPRETATION	Dec 3 /1 74	YRS. MONTHS DAYS HOU	PRONOUNCED DEAD	Cc 11 19 86 AM
	日本名三字		reign country)	USA		AARRIED 9 BALTIMORE CITY	or COUNTY OF DEATH 2 t 9 m CV > MD
	ANY DELAY IS 3 TO THE F NO PAGE OLD BETWEE DES, 200) 10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY GIVE STREET ADDRES	OME, OR OTHER INSTITUTION (SS) (2) (4) (4) (5)	IZA USUAL OCCUPATION (T FOR MOST OF WORKING LIFE) Retired	OR INDUSTRY
	ANX DE	13a	TATE S. COUNT		13d INSIDE CITY LIMI	1152 13e. STREET ADDRESS	Shoemaker 809104 1+
	MD. 2	14. 1	ATHER'S NAME FIRST	MIDDLE LAST	YES NO 15. MOTHER'S M		wellhood les
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1	Ottavio	Farace	Ange		Catturo
	PAR	160.	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W	LED FORCES? 16b. SOCIAL SECU	RITY NO. 17 INFORMANT	daughter) ADDRE	16033 Bonnie Bank
	BALTI JRS AFT B. GIVE WITH F T. PAGE DIVISIO	 	N/A N/		122A Lucia R.	Panico- Terr.	Germantown, Md
	S OLONE.	1	PART I DEATH WAS CAUSED		Myocz	vdist D	BETWEEN ONSET AND DEATH
	S ZZAFFO		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	E OF	-	
	201 W. PRE UTED WITHI IN PENCIL EXAMINER ITAL-TRANS O MENTAL H ON, OR REA		gave rise to immediate cause (a) stating the <u>under-</u>	(b)	CE OF		
	CUTED IN P		lying cause last.	(c)			
	N. RECORDS, 201 V DULD BE EXECUTED PENDING" IN PR FE MEDICAL EXA ESE AS BURRAL: HEALTH AND MEI	NO	PART 2 OTNER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN	IN PART I rai-	
	VITAL RE SHOULD YORD "PEI CHIEF A VIT OF HEA JIT OF HEA SURJAL, C	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED?		20 AUTOPSY?
	F VITA WORD WORD BE US BURE	1 5	21g. EXTERNAL CAUSE WAS	216. TIME OF INJURY	1216 HOW INJURY OCCI	URRED LENTER NATURE OF INJURY IN ITEM	YES NO De
	NO THE OUTPOUR	SIS	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YI	EAR THE TOWN INJURY OCCU	ORRED TENTER MATORE OF INJURY IN HEM	BPARITORPARIZ)
	DIVISIO TATE, WRITING CATE, WRITING FORWARDED TO OR: PAGE 3 SH HE STATE DEPA IND, 21201 PRIC	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	NER: THE CATE, V FORW, PARTHE STAND, 21		22a. I certify that I taak charge	of the remains described above, held a	Autopsy . Inspi	ection Inquiry	and in my apinian
4	EXAMNER: CERTIFICATI BULD BE FOR I. DIRECTOR: A. WITH THE: MARYLAND	1	death resulted fram: Natura	I causes Accident	TITUE (SPECIF	Undetermined manner	,
	CALESTHE CRANDOLL SHOULD RALD ATH, V		ACTUAL SIGNATURE	A Cope	M.D. Defi	MEDICAL EXAMINER	DATE SIGNED CC 11, 1982
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOUD BE TO FUNKER DIRECTOR AFTER DEATH, WITH TI		EXAMINES NAME J	ohn S. Rogers, DME	ADDRESS19	19 Seminary Rd.	
	07/84 BP	23a.1	urial, cremation, removal 231 pecify) 1 rial 1		REAVEN CEMATORY Heaven Cemete	ery Silver Sprin	ng MöntgomerystateMd.
	25M DHMH - 17 (VR A15 ME (5))	24 Hi	uneral director nes/Rinaldi Fune	ral Home 11800 N Silver Sp	.H. Ave.	ATE REC'D. BY REGISTRAR 756 REC	SISTRAR'S SIGNATURE
						V	



CONCERN CIF HE LEVER - IF MINERS

ENGLINE STATE OF THE STATE OF T

Jacobe W. Beredon, Phil. AT43 Applicy Tron. Clary Flore, Wr.

PO BEDECT	1	KoBert	1	i. F	ar w	ell	\	2 1	186	2:52AM
8 81 10	1	SEX	4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
7	1	male	Cauca	asian	-C	DAY 12 YEAR	84	YRS	MONTHS DAYS	HOURS MIN.
60 5	7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
20	Ma	assachusetts	United	States	WIDOW	_	mont	gom.	eryCour	nty, MD
-1-11	7 10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI	QN)	(28) KIND O	F BUSINESS OR
1/1		Bethesda	50	BenBan	Hos	atal	Pressman		U.S.	Gov't.
30 01	13	UAL RESIDENCE (IF NURSING HOME C 1. STATE 13b. COL	NTY	1131 CITY OF TOW	'N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			
12)]	/	gomery	Rockvill	e	YES X NO	14227 Bria	rwood	l Terrac	e 20853
题 生	-1	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAS	ī
10	A	Robert	E.	Farwel	.1	Amanda			Co	X
W-1 0	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRE	SS		
Poo e	/	No	THE WAR OR DATES)	047-07-2	226	Leota F. Kir	by, daughter	, sam	e as #1:	3
5 T T	1	18 CAUSE OF DEATH (Enter of	nly one cause pe	er line for an ib-co	dicii			1 0		MATE INTERVAL
1001		PART I. DEATH WAS CAUS	ED BY. TE CAUSE(io)	and	50	· WILLIM	MMP ON	rent		
Property of		IMMEDIA	(,	DR AS A CONSTOUR	TAIGE OF a		()	- U II V		
200	1	Conditions, if any, which	DUE TO, C	DR AS A CONSEQUE	U 2 9	5/2 CIMMOLO				
100	1	gave rise to immediate) ((b)-		-	0 1 0	0 - /		1 0	
9 5 4	4	couse (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEOUI	ENCE OF	Sould	Remed	40	June-	
ple ple	4	PART 2 OTHER SIGNIFICANT	CONDITIONS (ONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	AIN AL DISEASE OF CON	DITION GI	VENUINI DART 110	
to by	2	TAKE 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	CIVIRIDOTIVOTO	DEATH BOT	NOT RELATED TO THE TERM	MITAL DISEASE OR COIT	0111014 01	AFIA HALWKI III	
11117	513	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
	심활	142					YES IN NORTH		FYING CAUSES	OF DEATH?
111	18	210. ACCIDENT WAS UNDERLYING	21b TIME	OF INJURY		21c HOW INJURY OCCUR				
117	/ La	OR CONTRIBUTING CAUSE OF D	AIR	A.M. MONTH D						
8114/	100	(IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY	19	211 LOCATION				
1125	MEDIC	ANIE NOIWHILE N		TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
E STE		AT WORK			1	1	1	9	Xo	
ren in m		22a I certify that (1) (this has	10	he deceased from	1/2	19 00	2 10 14	1-1-		that (I) (we) last
24 6		sow the deceased alive a above, (1) (we) (did) (did n		Syffely Beath. 19	() , o	nd that in (my) (aur) opinion	death accurred on the de	ate and ha	ui and from the	couses stated
100	-	22b. SIGNATURE	1	111111	0	DEGREE	9 STALL		220 DATE	SIGNED
delo delo	,	A. 6) -	Chris		ATTENDING PHYSICIAN	MEDICAL STAI		114	17100
A Se	/1	228 PHYSICIAN'S NAME (TYPE	OR PRINT)	11.0	2	22e ADDRESS	04	11	106	mandada
1 80 # A		I HILL	D. K	MIAN	JE7	30128 W	emound	WW	الم رسال	1 D
R 2 3 34-	22	BUDIAL CREMATION PENOVA	1 22h DATE TO	23, 1	JAME OF C	FAAFTERY OR CREAM AT ORY	23d LOCATION			7 7 7

Item # 5. Film G 623, 1/28/87 ra

- STATE

REGISTRAR

Cremation DHMH - 16 60M 7/84 (VRA 15, 4) 7557 Wisconsin Ave. Bethesda, Maryland 20814

Metropolitan Crematory

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CITY OR TOWN Alexandria

REG. NO 20. DATE OF DEATH MONTH

DAY

2b HOUR 2:52AM

20853

Virginia

20, 1986 74 FUNERAL DIRECTOR Robert A. Pumphrey DE L'uneral Homes, P.A. #dodu

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buriol-tronsit p

or Hem

MPORTANT:

d b

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND

CERTIFICATE OF DEATH	REG NO.		
LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
FEDERMAN	December 2	1986	5:15
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
June 20 1894	92	MONTHS DAYS	HOURS MIN.

3. SEX 4 RACE Female White June 20

7b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

US

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Kensington Gardens Nursing Home

MARRIED NEVER MARRIED DIVORCED

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County 120 USUAL OCCUPATION Sales Lady

13e STREET ADDRESS / ZIP CODE

Apparel

20902

BRUNEH ON ELAND TEATH

Maryland Montgomery 4. FATHER'S NAME

ID CITY OR TOWN OF DEATH

Kensington

70. BIRTHPLACE (STATE OF FOREIGN

O STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINTS

Austria

Samue 1 RST

CERTIFICATION

MEDICAL

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line to (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Silver Spring Greenwald

17 INFORMANT

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID

15 MOTHER'S MAIDEN NAME Hannah

21c. HOW INJURY OCCURRED

(unascertainable)

135 University Boulevard, West

Wheaton

6a WAS DECEASED EVER IN U.S. ARMED FORCES?

FIRST

PAULINE

166. SOCIAL SECURITY NO 090-18-7460

Raymond H. Federman,

2622 English Orchard

Conditions, if any, which gove rise to immediate couse (o), stoting underlying couse

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NOM

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

4701 Randolph Road, Rockville, Maryland

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

CITY OR TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

COUNTY STATE

the deceased alive on_

22a.1 certify that (I) (this haspital) attended the deceased from (h (we) (did) (did not) view the body ofter death.

DEGREE

STAFF ATTENDING DIRECTOR PHYSICIAN 22¢ DATE SIGNED

23a BURIAL CREMATION, REMOVAL

23b. DATE 12/4/1986

Merendino, M. D.

23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery

Hastings on the Hudson,

New York

DHMH - 16 50M 4/83 (VRA 15, 4)

DIRECTOR:

Burial

24 FUNERAL DIRECTOR DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

erely filled in by the funeral director, page 3 d 2 should be filed within 72 bours ofter death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12	RECOSTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
1. DEA	EEASED NAME FIRST		MIDDLE	AST		ONTH DAY	YEAR 2b. H	OUR
THE	Jack Jack		teir	istein		2 14	86 5:	56 PM
3 SE)		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDE	R I YEAR IF UNI	DER 24 HRS
	Male	Caucas	ian 12	03 25	6	YRS.	DATS HOUR	S MIN.
	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR		ATH	
_	New York	11>A	WIDOWE		Montger	nery (runty	MD.
10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATION		KIND OF US	INESS OR
K	ockwille	Shady	Grove Advent	ist Hospital	Elec. Engr.		airchil	d Indu
USUA 13a. S	AL RESIDENCE IN NURSING HOME CO		GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z			tr
		gemery	Rockville	YES NO	15108 Mano	Lake	Dr. (20	1853)
14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME		LAST	
	Dave		Feinstein	Ida	S	teinbe:	rq	
	VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT		ake Dr.		
Ye	es WW	II	108-20-7360	Dr. Claude R	ose Feinstei			
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per	line for (a), (b), and (c).			В	APPROXIMATE IN ETWEEN ONSET A	ND DEATH
		TE CAUSE (o)	growelingen	- Carreno	ru		14r	-
		DUE TO, O	R AS A CONSEQUENCE OF				*	
	Canditions, if any, which	(b)_						
	cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUENCE OF					
	(c)							
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P Tracker a sorthogen obstruction obstructive pulse. Lessur, keary smoker, dicheter							
ATIC	190 DATE OF OPERATION 196 CONDITION FOR WHICH C		ITION FOR WHICH OPERATION			Ob. IF YES, WERE	FINDINGS U	SED
IFIC	*	1.3				N CERTIFYING (ATH?
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY	21c. HOW INJURY OCCURE				
	OR CONTRIBUTING CAUSE OF DE							
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	211. LOCATION			UNTY	STATE
¥	WHILE NOT WHILE AT WORK	JAT HOME STI	REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	CO	UNIT	STATE
	220.1 certify that (1) (this hosp	oital) attended th	e deceased from	NW 1985	10 14 Dec	19	6 , that (1	last
	saw the deceased alive a abave, (I) (we) (did) (did n		Ger 19 86, or	d that in (my) (oor) opinion (deoth occurred on the date	and haur and fr	am the causes	stated
	226 SIGNATURE	Or of		DEGREE		22	DATE SIGNE	
	Ould?.	Ollan	ho	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIA	NO .	15 Dec	86
	224. PHYSICIAN'S NAME (TYPE	- 11		220 ADDRESS 2901	Wary - Souly 3	Spring R	El	
	Donald E.	Oillon, M	1.0.	Olvery,	MD 2083			
23o 8	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY CONTRACTOR	23d LOCATION CITY OR TOWN	COUN	tv	STATE
	Burial	12/17		n-Menorah Gdn	 Rockville 			d.
24 FU	INERAL DIRECTOR DANZA	NSKY-GOI	DBERG MEMORIA	L CHAPELS 250 DAT	E REC'D. BY REGISTRAR 251	REGISTRAR'S	SIGNATURE	
TT	70 Rockville Pi	ke; Rocl	cville, Md. 20	852 DE	C 2 2 1986	Julia Den	den De	lass

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If them 21 is morked or them

injury, or other troun

500 University Blvd. West. Silver Spring. Md.

DHMH - 17 (VR A15 ME (5))

VIEW DWIN

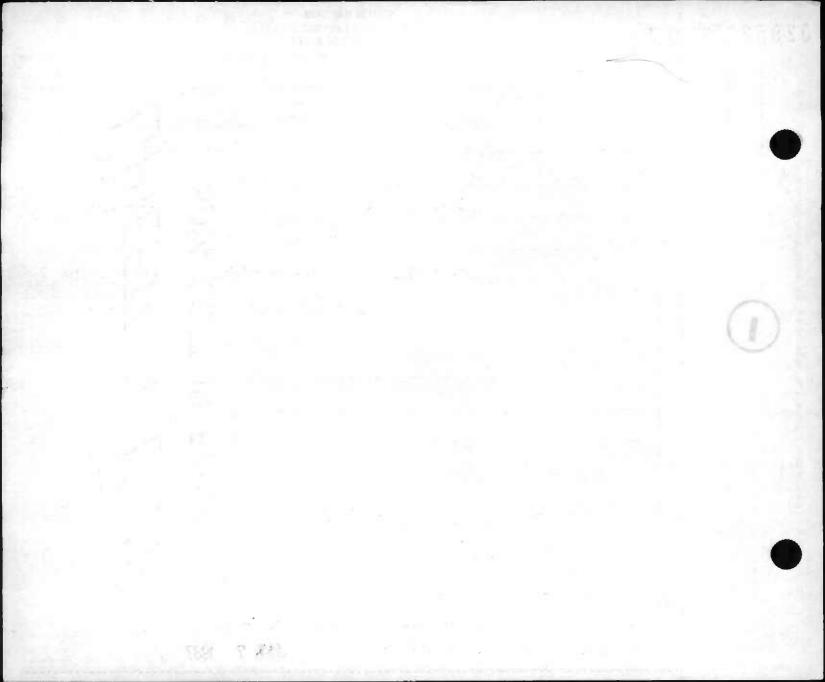
FITHERA FREE TORREST TO SET WAR.

John S Toyors

Sand the same of t

Vann Williams, 4804 Ga. Ave., N.W., Wash., D.C.

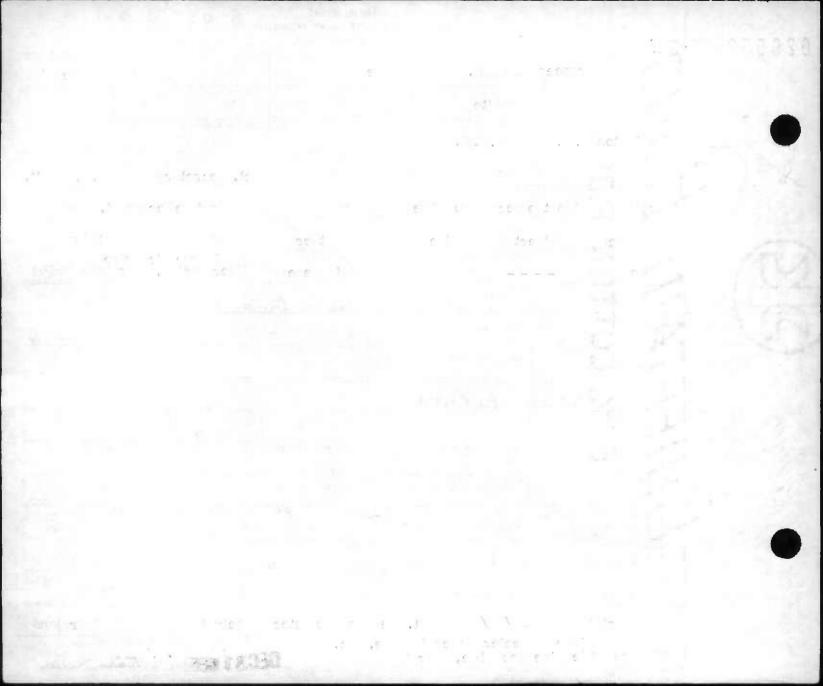
999 GHMH 9686M 7/8



	- STATE BREGISTRAR			AIDDLE		ICATE OF DEATH	20 DATE OF C	REG. NO.	DAY YEAR	Towns
	PE OR PRINT) FT	rances		F.		ew	26 DATE OF L	12/2		26 HOUR 5:04PM
3 5	F EMALE	4	RACE	e	5 DATE C MONTH 1112		6 AGE (INYEA	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
AW	BIRTHPLACE (STATE OR FO	.C.	U.S		WIDOWE		Mor	ecity or count ntgomery		MD.
2	CITY OR TOWN OF DEA Bethesda		Subu	rban Hos	pital	PROTHER INSTITUTION		CCUPATION OR MOST OF WORKING ecretary	INDUSTRY U.	S. Gov't.
130. N		136 COUNTY Montgo	omery	Rockvil	re admission) WN e	13d Inside City Limits Yes 🔼 NO 🗌		odress / zip coi ast Jeffer	son St.	#1 04
	Samuel	Albe		Fine		Esther	N	MN	Phil	
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE W		578 12 8		17 INFORMANT Sylvia Vene	13613 zky Silver	Collegair Spring,		
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only o AS CAUSED & IMMEDIATE (BY: R	line far (a), (b), o	D'ABI	DOMINAL	AORTLE 1	A HEVRYS	M 3h	ONSET AND DEATH
100									1	
1	Canditians, if any,	nediate	(b)	Atheros	1907	S			> 5	413
	gave rise to imm cause (a), stating underlying cause	nediate g the last.	DUE TO, OF	RAS A CONSEO	NALON.		EDAAINAI DIGEACE	OR CONDITION G	> 5	413
FICATION	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	nediate g the last.	DUE TO, OR (c) NOTIONS CO	RAS A CONSECUTION TRIBUTING TO	UENCE OF	NOT RELATED TO THE T	200 AUTOF	20b IF Y	ES, WERE FINDI	NGS USED S OF DEATH?
AL CERTIFICATION	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING C	nediate g the last. NIFICANT COI ENSTO	DUE TO, OR (c) NDITIONS CO 19b. CONDI 21b. TIME OI HOUR A.	ATNOOS RAS A CONSEON DITTIBUTING TO NEMIT TION FOR WHICH FINJURY M. MONTH	DEATH BUT H OPERATIO DAY YEAR	NOT RELATED TO THE T	200 AUTOF	SY? ZOB IF Y	ES, WERE FINDI TIFYING CAUSES YES []	NGS USED
MEDICAL CERTIFICATION	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAT	Inediate g the last. WIFICANT COL ENSTA TION DERLYING	DUE TO, OR OUT TO	ATNOOS RAS A CONSEON DITRIBUTING TO NEMITH THON FOR WHICH FINJURY M. MONTH M.	DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE T	200 AUTOF	SY? ZOB IF Y	ES, WERE FINDI TIFYING CAUSES YES []	NGS USED S OF DEATH?
100	PART 2 OTHER SIGN PART 2 OTHER SIGN PART 2 OTHER SIGN PO TE 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDIC 21d. INJURY OCCURR WINIE NOTIFY MEDIC 21d. INJURY OCCURR AT WORK 220.1 certify that (I)	NIFICANT COI	DUE TO, OR NDITIONS CO NDITIONS CO 19b. CONDI 21b. TIME OI HOUR A./ (AT HOME, STR)) attended the	ATNOOS RAS A CONSECUTION FOR WHICE FINJURY M. MONTH M. DEFINJURY EET, FACTORY OFFICE e deceased from	DEATH BUT DO DEATH BUT HOPERATIO DAY YEAR 19 FARM ETC)	NOT RELATED TO THE T N WAS PERFORMED 21c HOW INJURY OCC 21f LOCATION STREET	200 AUTOF YES	ISY? 106 IF Y IN CERT	ES, WERE FIND I	NGS USED S OF DEATH? NO STATE
100	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER. NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WHAT WORK AT WORK AT WORK	PIFICANT COI	DUE TO, OR NDITIONS CO NDITIONS CO 19b. CONDI 21b. TIME OI HOUR A./ (AT HOME, STR)) attended the	PATROOS RAS A CONSECUTION FOR WHICH FINJURY M. MONTH DF INJURY EET, FACTORY OFFICE deceased from 3 19 after death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC 1	NOT RELATED TO THE T N WAS PERFORMED 216 HOW INJURY OCC 216 LOCATION STREET 23 19 20 d that in (my) (*** apin DEGREE ATTENDIN' PHYSICIAN	200 AUTOF YES CURRED (ENTERNATE 36 , to 22 ion death accurred	ISY? IN CERT	ES, WERE FIND TIFYING CAUSES YES (COUNTY) COUNTY 19 22c. DATE	NGS USED S OF DEATH? NO STATE that (h (we) last e causes stated SIGNED
	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN POTTE 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	DERLYING CAUSE OF DEATH CALEXAMINER) THE CAUSE OF DEATH CALEXAMINER THE CAUSE OF DEATH CAUSE OF DE	DUE TO, OR (c) NDITIONS CC NDITIONS CO 19b. CONDI 21b. TIME OI HOUR A./ P./ 21e. PLACE C (AT HOME, STRI) attended the 12 2 2 view the body	AT NOOSE RAS A CONSECT NEM INTERPRETATION FOR WHICH FINJURY M. MONTH M. OF INJURY EET, FACTORY OFFICE deceased from after death.	DEATH BUT DAY YEAR 19 FARM ETC)	NOT RELATED TO THE TO WAS PERFORMED 21c HOW INJURY OCCUPATION STREET 2.5 19 2.6 4 that in (my) (aux) apin DEGREE	200 AUTOF YES CURRED (ENTERNATION To an death accurred MEDICAL MEDICAL MEDICAL MEDICAL	IN ON TOWN STAFF PHYSICIAN N. W. W.	ES, WERE FIND TIFYING CAUSES YES 6 PART 1 OR PART 2) COUNTY	NGS USED 5 OF DEATH? NO STATE that (It (we) last causes stated SIGNED 20015

- 1

P.



026671

STATE OF MARYLAND	25	6	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0		
CERTIFICATE OF DEATH			

DFO	In	FOR STATE FEDISTRAR			DEPARTM		EALTH AND MENTAL HYO	GIENE REG. NO			
	1. DEC	EASED NAME	FIRST	A	AIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 21	b HOUR
		OR PRINT)	ATI	E		Fi	sheR		12-2-	86	550m
113	3. SE>	(4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR			FUNDER 24 HRS
	Fe	male		White		May		82 YRS.			OURS MIN,
7		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
/		Russia		U.S	. A	WIDOWE		MONTGO	omeRy		MD.
カ	0	ethes de	ЛĦ	(IF NOT IN SUC	H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATE	F WORKING LIFE) IN	b. KIND OF E IDUSTRY	BUSINESS OR
100	-	1 - 1 - 2 - 624 - 1	ING HOME OR	SUBUL OTHER INSTITUTION	GIVE RESIDENCE BEFORE	1	011116	Housewij		"010	
5	13a S	TATE.	13h COUN		Bethesda		13d Inside City Limits? YES 😡 NO 🗌	10250 West		#312 ive (2	0817)
1	14. FA	THER'S NAME		4			15. MOTHER'S MAIDEN NA	ME			332.
0		Max		MIDDLE	Fell		Sarah	Yocheve	t	Zerd	
1		AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRE	I LALLY LO		
		YES, NO OB UNKNOWN)			213-44-3	860	William Fish	er;9814 Com	1. Avenue	≥;Kens	ington,
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) / PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure									APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. DUE TO, OR AS A CONS			VAS	CUL	1715			54	1-0av)
	NOI	PART 2. OTHER SIGN	UFICANT C	TAGE	RONA	C DEATH-BUT	NOT RELATED TO THE TERM	DRIPHERA	DITION GIVEN IN	PART IIO	DUE
9	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	CAUSES OF	
9		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 O	PART 2)	
/	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WO	IILE 🗆	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
		22a. I certify that (I) saw the decease obove, (I) (way)	ed alive an	12/	19	P6 , at	nd that in (my) (6 r) apinian	death occurred an the de	ate and havr and		ut (I) (wellast uses stated
		226. SIGNATURE	n	Th/a	blu	K		MEDICAL STAI	FF _	12c. DATE SIC	2/86
1		234 PHYSICIAN'S N	AME THEO	R PRINT)			22e ADDRESS				22275
1		Lik	24	N.	1UBC/		8830 Cameron		ver Spri	ng,Md	.20910
-	23a B	URIAL CREMATION	REMOVAL	23h DATE	23c N	NAME OF C	EMETERY OR CREMATORY	123d. LOCATION			

5

Burial 12/4/86 King David Mem. Garden Falls Church; Fairfax; Va. 124 FUNERAL DIRECTO DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INGATE REC'D. BY REGISTRAR'S SIGNATURE 1170 Rockville Pike; Rockvillees, Md. 20852 Julia Davidson-Randelle

DHMH - 16 60M 7/B4 (VRA 15, 4)

APORTANT.

026671 (019)3

Compatible of the same

Let M. Train

Empired Stone Diego I forman should been been

25 2/4

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PA	RTA	AFNT	n	F	HE	ΔΙ	TH	Α	ND	ME	M

DEPAR

STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8	6	3	5	gg	2
CERTIFICATE OF DEATH		REG. N	10.			
LAST	2n. DATE OF	DEATH	MONTH	DAY	YEAR	7h HO

	REGISTRAR				CERTIF	CATE OF	DEATH		REG. N	10.			· Salar
	EASED NAME	FIRST	M	IDDLE	U	AST		2a. DATE O	FDEATH	MONTH	DAY	YEAR	2b HOUR
(TIPE	OF PENT)	WALTER	2 E1	liott	F	iX				Dec.	25	,86	0500 M
. SEX			. RACE		5. DATE O			6 AGE (IN	YEARS LAST 8	RTHDAY)	IF UND	DAYS	IF UNDER 24 HRS
Ma	le		Caucasi	an	Apri	1 10,	1940		46	YRS		DATS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN	b. CITIZEN OF V	VHAT COUNTRY?	B.	TT NEVEL	R MARRIED	9 BALTIM	ORE CITY	OR COUN	TY OF D	EATH	
	w Jersey	1	U.S.A.		WIDOWE		DIVORCED [tgome	ry			MD.
	Takoma Park 11. NAME OF HOSPITAL, NURS Washington Adve				(DDRESS)		-	120. USUAL LIVE OF WO Elect				DUSTRY	r BUSINESS OR Ons Cntr
3a. S	AL RESIDENCE (# NUR TATE ryland	SING HOME OR O	TY 1	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hyattsvi	N_ 1	13d. INSIDE YES 🌁	CITY LIMITS?	13e.STREET 7420	ADDRESS West	/ ZIP CC Parl	DE k Dr	, 2	20783
4. FA	THER'S NAME			1467		15 MOTHE	R'S MAIDEN N	AME	IDDIE				
Ge	orge	٨	AIDDLE	Fix		Mar	ie		WIDDIE			E11	lott
6a. W	AS DECEASED EVER	IN U.S. ARA	AED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORA	AANT		ADDI	RESS	-		
Ye	ES, NO OR UNKNOWN)	Peace	war or dates)	223-50-9	9857	Mrs.	Cecile	Fix, S	ame a	s Li	ne #1	3	
	Conditions, if any gove rise to im couse (a), statiunderlying cous	IMMEDIATI r, which mediate ng the	DUE TO, OF	RAS A CONSEQUE	10	1513	<u> </u>					44	yeur 3
NO	PART 2. OTHER SIG	nificant c	onditions <u>cc</u>	ONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TER	MINAL DISEA	SE OR CO	ND(TION (GIVEN IN	PART 10	
CERTIFICATION	19a. DATE OF OPERA	NOIT	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AU1	OPSY?				GS USED OF DEATH? NO []
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEA	IH	M. MONTH DA	AY YEAR	21c HOW	INJURY OCCU	IRRED (ENTERN	NATURE OF IN	JURY IN ITEM	18 PART I O	R PART 2)	
OR CONTRIBUTION CONTRY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WOR					ARM, ETC)	211. LOCA STR			CITY OR 1	NWO	C	YIMUC	STATE
	220.1 certify that (I saw the decea above, (I) (we)	sed alive an.		19	12 RC. , or	nd that in (m	ny) (aur) apinia	n death accur	red an the	date and l			that (I) (we) last causes stated
	22b. SIGNATURE	20	65)). nee		DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	ST R PHYS	aff ICIAN []	2		SIGNED

RACE KLBWD 730. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 12-29-86

23c. NAME OF CEMETERY OR CREMATORY George Washington Cem.

133d LOCATION
CITYORTOWN
Hyattsville, P.G., Md.

STATE

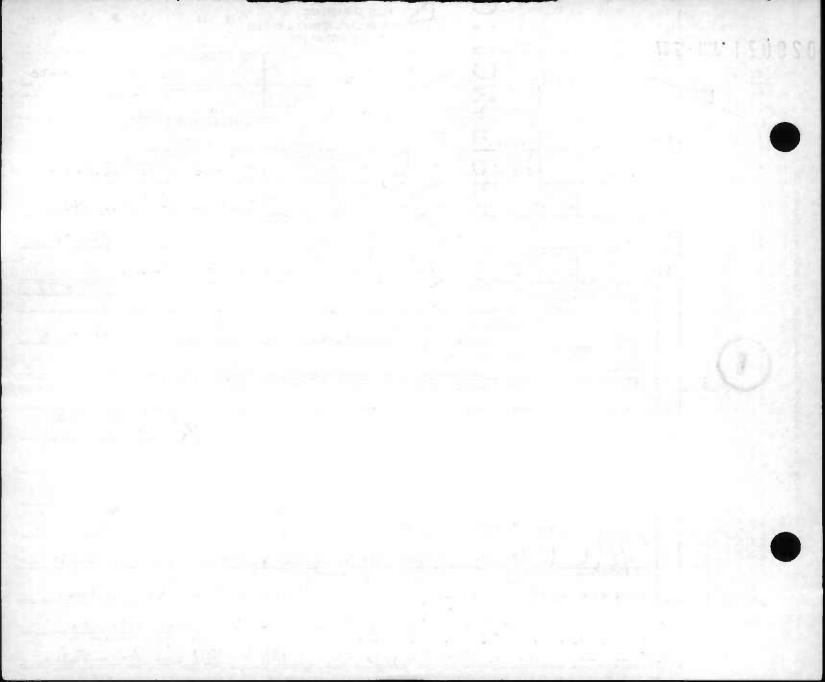
HOME, P.A. 24PRANCESECGASCH, S SONS FUNERAL 4739 Baltimore Ave., Hyattsville, Maryland

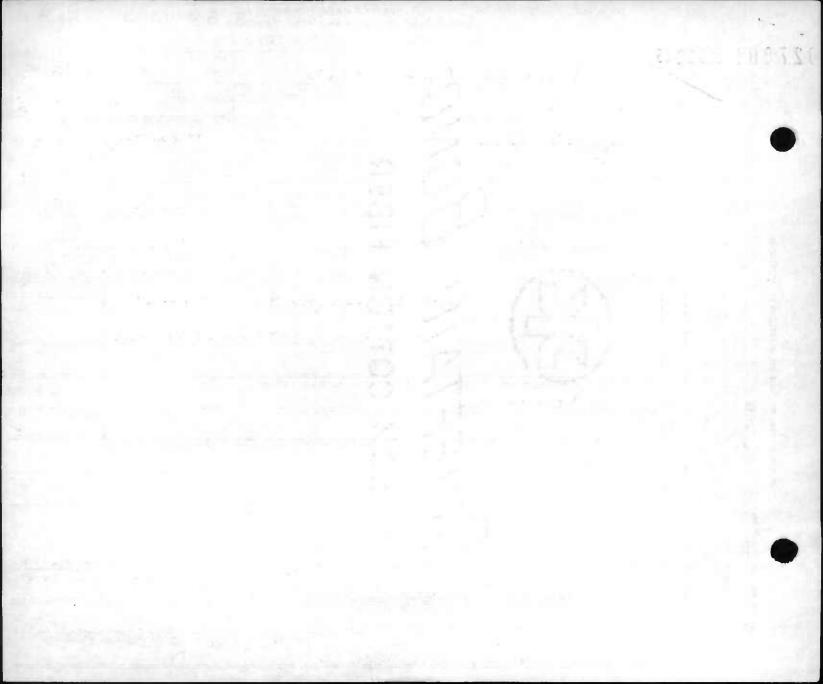
REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Divideon Randall JAN

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

FOR





DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE thot/(I) (we) lost (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MPORTANT should be SERNARD 5225 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPEC IFY) Judean Memorial Gdns. Olney; Montgomery; Maryland 12/4/86 Buria 24. FUNERAL DIRECTORDANZANSKY-GOLDBERG MEMORTAL CHAPELS, 27MCTE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1170 Rockville Pike: Rockville. Md. dia Devideon Randack (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OOTD .

Finn

IF UNDER 24 HRS

IE UNDER I YEAR

027353 DEQ

STAIL OF MAKTLAND							
DEPARTMENT	OF HEALTH	AND MEN	TAL HYGIENE				
CE	RTIFICAT	E OF DEA	TH				

G	B B REG. NO.	5	.,	2.	ਰ
	12/1/8	6 DAY	YEAR	26. HOL	PM
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	# UNDER	24 FRS
		MONTHS	DAYS	HOURS	MIN.
	7.5				

x Female	4. RACE White	5. DATE OF MONTH
IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

IMMEDIATE CAUSE (0

foule.L

☐ NEVER MARRIED ☐ WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17. INFORMANT

29. 1911

Montgomery 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH

19310 Club House Road

12b. KIND OF BUSINESS OR INDUSTRY At Home

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Gaithersbur	g	Shad	4
SUAL RESIDENCE (IF NURS	ING HOME OR		GIVE RE
Maryland		tgomery	

REGISTRAR DECEASED NAME TYPE OR PRINTS

10 CITY OR TOWN OF DEATH

14. FATHER'S NAME

Charles Powell

3. SE

13c. CITY OR TOWN Gaithersburg LAST

15. MOTHER'S MAIDEN NAME Cecelia Woodburn

ADDRESS

WAS DECEASED EVER			16b
(YES NO OR UNKNOWN)] IF YES	GIVE WAR OR DATES)	4

PART I. DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDITIONS

SOCIAL SECURITY NO 453-40-6821

Elizabeth Ballve, 1742 Abbey Oak Dr. Vienna, VA

Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(IF NOT IN SUCH FACILITY_GIVE STREET ADDRESS)

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART \$100

21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NOF 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

OR	CONTRI	BUTING	CA	USE O
{1	FEITHER	NOTIFY	MEDICA	LEXAN
21d.	INJUR	RY OC	CURRE	D

19a DATE OF OPERATION

P.M

200 AUTOPSY?

19 11. PLACE OF INJURY 21f. LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on above, (1) (see) (Id) (did not) view the bady after death

, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated

22b.	SIGNATURE)	1
	1/	b. ()
	N	processing .
1		

mo 220 ADDRESS

DEGREE

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

STATE

ENNIS PRIGORAM

w > =	230. BURIAL, CREMATION,	REMOV
	B (SPECIEV)	

WHILE

CERTIFICATION

MEDICAL

23b DATE Dec.4, 1986 23c. NAME OF CEMETERY OR CREMATORY National Memorial Pk.

23d. LOCATION

Falls Church, Virginia

24 FUNERAL DIRECTOMONEY & KING VIENNA FUNERAL HOME 171 W. Maple Ave. Vienna, VA 22180

Julia Division Pondage

DHMH - 16 50M 4/82 (VRA 15, 4)

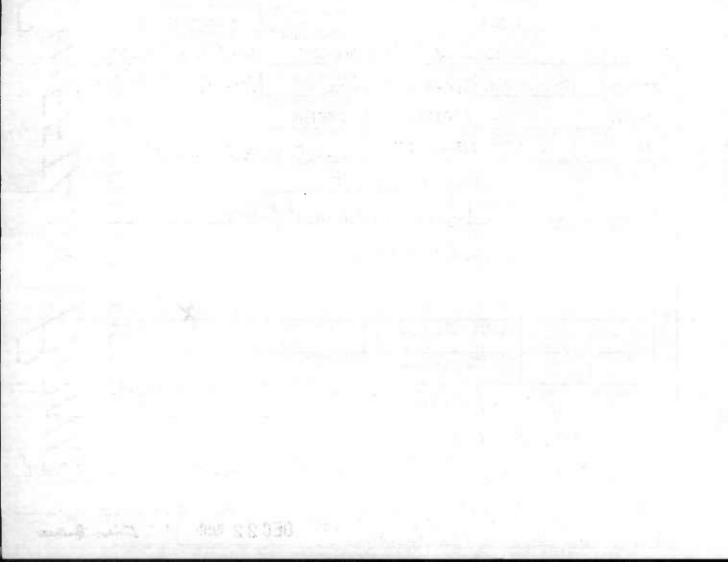
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL LIVE

IENE	0	0	0

3 6	STATE SREGIST AR		CERTIF	ICATE OF DEATH	REG. NO			
1.136	ASED NAME FIRST	MIDDLE	i	LAST .	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
-	EVF	E.	Fo	DIMAN	12	2 16	86	1114 AM
1. 5E	x	4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY! IF U	NDER I YEAR	IF UNDER 24 HRS.
F	emale	White	June	24, 1922 YEAR	64	YRS	THS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	DV2 8		9 BALTIMORE CITY OR		DEATH	
	nnecticut	u.s.A.	WIDOWE	D NEVER MARRIED XX	Montgomery	Count	у,	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION	176 USUAL OCCUPATIO	Z	Zb. KIND (of Lyen Lloads
	koma Park	Washington Ad		Hospital	Bookkeeper	(Ret.	Capit	tol City
136.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ZIP CODE		
	aryland Prin	ce Geo. Hyatt	Sville		2006 Hannon	Stree	t (20	1783)
H.F.	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		I TALL LA	51
	JACOB	FODIM		BERTHA		COF	IEN	
160	WAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT				ig, Md. 2087
and the same	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 045-12-	6045	Minnie F. Or	ing;Sister;1	3217 M		
	18 CAUSE OF DEATH (Enter o	nly one couse per line for to to	pondici.1	-			BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (0) CLES DIVE	OTU AT	rest			4	
		DUE TO, OR AS A CONSI	EQUENCE OF	1.010	1			
	Conditions, if ony, which	(16) Somer &	Concre	office Geout 74	there			
	gove rise to immediate couse (a), stating the	DUE TO, ORAS CONSE	QUENCE QF	V				
	underlying cause last.		monior					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART 1	0
ON N								
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20s AUTOPSY?	206. IF YES, W		NGS USED S OF DEATH?
TIF					YES NO	YES [NO 🗌
	710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	71c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR .	19					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM FIC \	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
2	AT WORK NOT WHILE			1.16.	1	l n i		
		ital) attended the deceased for	7	486 19	10 12 16	\$ 6. 19.		that (I) (we) last
	sow the deceased alive or obove, (I) (we) (did) (and no	ot) view the body after death.	09 01	nd that in (my) (our) opinion	death occurred on the date	e and hour or	d from the	couses stated
	226 SIGNATURE	4/1/		DEGREE			22c. DATE	SIGNED
	Mu	ul H		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA			
	276 PHYSICIAN'S NAME LTYPE	OR PRINT)		22e ADDRESS	./ / /		T	> . /
	SMAH HO	M.D		7610 (Gryo	Il Ave Ave	(ako,	met	Kind
73a.	BURIAL, CREMATION, REMOVAL	L 736. DATE	73c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	e	DUNTY	STATE
	Burial	12/18/86	King Da	vid Memorial	Gan: Falls Ch	urch·F	airka	x · Va
24 F	UNERAL DIRECTORDANZAN	SKY-GOLDBERG M	EMORIAL	CHAPELS TOPAL	E REC'D. BY REGISTRAR 25	REGISTRAF	SSIGNA	TÜRE
11:	70 Rockville Pi	ke; Rockville,	Md. 208	52 UEU	66 1300	" a Du	ndern.	finished.

DHMH - 16 60M 7/84 (VRA 15, 4)



HZ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) and that in (my) (aur) apinion death accurred an the date and have and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 9801 (FERRIS A) 9. EDUAR HLE VIN 23c NAME OF CEMETERY OR CREMATORY 239 BURIAL CREMATION, REMOVAL King David Mem.Garden Falls Church; Fairfax; Virginia 12/14/86 Burial 24 FUNERAL DIRECTO DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike: Rockville, Md. 20852

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

319

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

A some

			1,	FOR STATE		ATE OF MARYLAND HEALTH AND MENTAL H	YGIÊNE O 3	573
34(19	DEC 30 86		REGISTRAR	MEDICAL EXAMIN	NER'S CERTIFICATE O	F DEATH REG. NO.	11
		Mange .	TOE	EASED NAME FIRST	MIDDLE	FAUChee	20. DATE KNOWN MO OF ESTI- DEATH MATED DO	10 00 44
		RECTOS RECTOS NS SEE	1. SE	RACE S. DAT		EARS IF UNDER 1 YR. IF UNDER DAYS HOURS	7/0	NIH DAY YEAR 24 HOUR
		CHEAL CHEAL	72. 15		IZEN OF WHAT COUNTRY?	8. MARRIED THEVER MARRIE	_ /	DUNTY OF DEATH
		AGE S	10.0		ME OF HOSPITAL, NURSING HOM NOT IN SUCH FACILITY, GIVE STREET ANDRESS)		120. USUAL OCCUPATION (TYPE OF A) R MOST OF WORKING (TYPE OF A)	ORX 126 KIND OF BUSINESS OR INDUSTRY
	102	ANY DELVAND 3 TO SELAIN POLICE BE EXCENSIVE PROCESSIVE	USU/	L RESIDENCE (IMN NURSING HOME OR OTHER I	INSTITUTION GIVE RESIDENCE BEFORE ADMIS	SION) DEL INSPECTIVILIBIES	MUNIC RELICEA	1 20010
	MD. 213	T SECRET	(1. F	arylarid . Monta	- Litoma Ta	YES NO 1	722- Kenebac	Les X09/2
	NORE,	A SEAT	60.	/AS DECEASED EVER IN U.S. ARMED FO S. NO. OR UNKNOWN) (IF YES, GIVE WATOR O	RCES? 16b. SOCIAL SECURI	TYNO. 17 INFORMANT	de Jh	ore. T.L.
	BALTIMORE	RS AFTE GIVE P WITH FO PAGES DIVISION	-	NO	1218-46-1	6975 John 12.1	Doykin 35-Park	View Dr.
1	ONN	DCOXW.	10	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSED	SE (a) Acut	= Myoca	vdial Dis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PRESTON	ANST PENO		Canditians, if any, which gave rise to immediate	due to, or as a consequence (b)			
	201 W	XECUTED WITHIN ZA PAGE IN PERMIT PARTIES AND MENTAL TRANSIT PER AND MENTAL HYGER AND MENTAL HYGER ANDON, OR REMOVAL		cause (a) stating the <u>under</u> - lying cause last.	(c)	OF		
	DIVISION OF VITAL RECORDS.	BE EXECUDING: WDING: WEDICAL VS A BUR VLTH AN	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PAR	T 1 0	
	ITAL RE	SHOULD ORD "PER CHIEF W E USED A T OF HEA	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY? YES NO B
	NOFV	CERTIFICATE S TING THE WO SED TO THE O 3 SHOULD BE DEPARTMENT I PRIOR TO BU	AL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR OF DEATH	21b TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19	21c. HOW INJURY OCCURRED) LENTER NATURE OF INJURY IN ITEM 18 PART 1	
	DIVISIO	WRI WRI AARE ATE	MEDICAL	214 INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		220. I certify that I took charge of the death resulted from: Natural causs		Autapsy , Inspection	Undetermined manner .	лу артпіап
		CAL EXA THE CER SHOULD SHOULD ATH, WI RE, MAR		ACTUAL SIGNATURE	AV Coger	TITLE (SPECIFY)	MEDICAL EXAMINER S	ATE DEC 191986
		O MEDIC XECUTE TI VAGE 4 SI O FUNER VATTER DEA		EXAMINER'S NAME (TYPE OR PRINT)		ADDRESS		
	7/84 SM	BP	230.8	JRIAL, CREMATION, REMOVAL 236 DAT Dec	23, 130 NAME OF CE	metery or crematory	Bladenshipe Record. By REGISTRAR 1256. REGISTRAR	P. G. CO
2	JIVI	DHMH - 17 (VR A15 ME (5))	14.6	Gettur Halters.	ADDRESS Takoma	Funeral HOLE	24 1986 Julia D	ander Rudass
			1			W .		

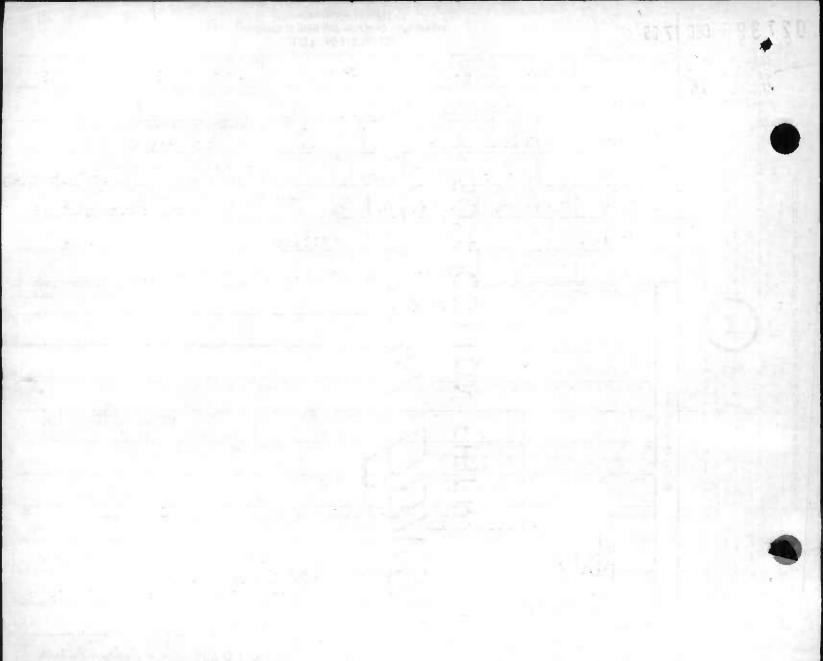
W STE 46 5975 West V. Brykin Shokrum Re

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STATE	OF I	MARY	LAND
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27,396 DEC	7	BOR BATE REGISTRAR		DEPARTMENT OF	HEALTH AND MENTAL H FICATE OF DEATH		3	5 /	6.00
3 : 10		CEASED NAME FIRST Rich	ard J.		Fox	PEG. N 20 DATE OF DEATH December	MONTH	DAY YEAR	3:35A M
ge 4 moy ector, pog	3. SE	x Male	4. RACE Caucasia	4400		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
deoth. Pogrunnerol direction 72 hours	N	IRTHPLACE (STATE OR FOREIGN COUNTRY) York	76 CITIZEN OF WHAT United St	ates WIDOV	ED NEVER MARRIED		nery	County	
by the f	W	ity or town of death heaton	Manor Ca	re-Wheat		In usual occupation of the state of the stat	OF WORKING LIF	FE) INDUSTRY	acturir
24 hou filled in sylld be	Ma	ryland Mo		ITY OP TOWN	YES X NO	9701 Cul	/ ZIP CODE 7er S	treet/	20895
140		George	WIDDIE	Fox	Lillian	MIDDLE		Ende	
be seed on and of the Poges	16a \	NAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	COVE WAR OR DATES	7-07-539	17 INFORMANT 4 Edna T. I	ADDR Fox, same a		3	IMATE INTERVAL ONSET AND DEATH
requires that the desire signed by the attention of to buriotic remaining or injury, or other travers	TION	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost. PART 2 OTHER SIGNIFICATE	DUE TO, OR AS A						
physicion. Historia has beliamed to Hygiene primer and Hygiene primer	AL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJU DEATH HOUR A.M. M	RY IONTH DAY YEAR	216. HOW INJURY OCC	YES NO M	IN CERTIF YE	S, WERE FINDING YING CAUSES S PART I OR PART 2)	
O PHYSIC otherding or this ce ond Merr ked at the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.}	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
ALOR ATTENDING THE HOSPITAL OF ALTENDING THE HOSPITAL OF HEALT OF		22a I certify that (I) (this he deceased alive	ospitol) ottended the dece on November of the body ofter d	2519 86	ond that in (my) (our) opini DEGREE	on death occurred on the d	lote and hou	22c. DATE	
O HOSPITA O FUNER Hould be d whose tax		22d PHYSI MANNAME IN Mark	H. Eig, M.		22e ADDRESS 980	l Georgia ver Spring	Avenu	ie	
BP		BURIAL, CREMATION, REMOV Burial	17, 1986	Parkla	cemetery or cremator	ark Rockvil	le,	county Maryla	state
DHMH - 16 60M 7/B4 (VRA 15, 4)	75	UNERAL DIRECTOR Robe 57 Wisconsi	rt A.Pumph n Ave.Beth	rey Fune: esda,MD	ral Homes 20814PA	DEC 1 6 1986	Galla .	Tran's STGNAT	Padaes -



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Hudspeth ADDRESS 1417 PRESCOTT ROAD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 1986 that (X (we) last _19 ± 1986 , and that in $ilde{ t WX}$ (aur) opinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED NATIONAL INSTITUTES OF HEALTH. BETHESDA, MARYLAND 20892 Jackson Madison Tennessee 24 FUNERAL DIRECTOR Robert A. Pumphrey, Funeral Homes, 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 7557 Wisconsin Ave., Bethesda, Maryland

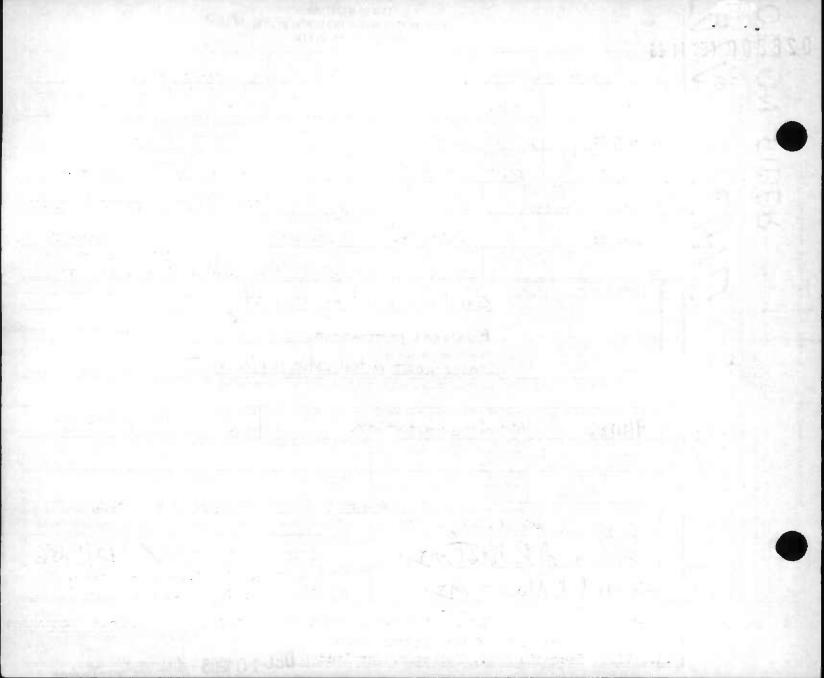
2h HOUR

12b. KIND OF BUSINESS OR

38301

Banking

INDUSTRY



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

Mary Travers Frothingham A AGE	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Caucasian Jamuary 21, 1900 86 MONTHS 18 1900	TH ME ND OF BUSINESS OR STRY HOME
Married Never Married Montgomery County Montgomery Montgomery County Montgomery Montgomery	MI ND OF BUSINESS OR STRY Home
Silver Spring Holy Cross Hospital SUAL RESIDENCE (# NURSING HOMBOR OTHER INSTITUTION GIVE RESIDENCE ADMISSION) 30. STATE Maryland P.G. 13. CITY OR TOWN Park 13. INSIDE CITY LIMITS? YES X NO 45 TRET ADDRESS / ZIP CODE A MINISTER COLLEGE Park 15. MOTHER'S MAIDEN NAME	Home
FATHER'S NAME 15. MOTHER'S MAIDEN NAME	0740
	mällwood
was deceased ever in u.s. armed forces? No social security no. 17. informant (SOII) address 799 Rt. 215-26-4615 J. Robert Frothingham Sykesville	
11. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). CARDIAC ARREST	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
Cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF RUPTURED ABDOMINE AMEURSM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAIL 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS BIODERLYING 210. TIME OF INJURY 2110. HOW INJURY OCCURRED (LINTER NATURE OF INJURY IN ITLAN 18, PART TOR PART	INDINGS USED
OR CONTRIBUTING CLAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	NO 🗌
THE EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK FINGER. FACTORY, OFFICE, FARM, ETC! AT WORK FINGER. AT WORK FIN	TY STATE
A ATTENDING MEDICAL STAFF	that (I) (we) land the causes stated DATE SIGNED
22d Physicial S NAME (TYPE OR PRINT) HUGH H. TROUT III 8218 WISCONSIN AVE BET	THE SDA, M.
236 BURIAL CREMATION, REMOVAL 236 DATE 12/23/86 12/23	Virgima

DHMH - 16 60M 7/84 4739 Baltimore Avenue Hyatts 11e, Md. 20781 (VRA 15, 4)

DEC 29 1980 Julia Diador Gradaus

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

STATE MD

-027053 DEC 15 TOPE REGISTRAR CERTIFICATE OF DEATH REG NO LAST 20 DATE OF DEATH DECEASED NAME MIDDLE 2b HOUR D. 6:50 FRY DECEMBER 8, 1986 EDWIN IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) SEPT. 25, 1898 YEAR 88 MALE WHITE . BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED cound. USA MONTGOMERY DIVORCED WIDOWED X CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LAYTONSVILLE TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY FARMER DAIRY FARMING 13b MOHNTY. 13e STREET ADDRESS / ZIP CODE LATTONSVILLE 13d INSIDE CITY LINUTS? 5929 Sundown Road 20879 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GEORGE FRY CLARA MONDAY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR NOWN) (IF YES, GIVE WAR OR DATES) 215-36-4456 AMY LEBER SAME AS # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NO Z 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STREET

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 12 -7 and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did (did nat) view the bady after death

22b SIGNATURE 22c DATE SIGNED DEGREE MEDICAL PHYSICIAN DIRECTOR

Dr. JackSchumacher

Gaithersburg, Md. 20877

30 BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BURIAL	mma 11 1006		CITY OR TOWN	COU
BURLAL	DEC.11.1986	LAYTONSVILLE	LAYTONSVILLE	MC

FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

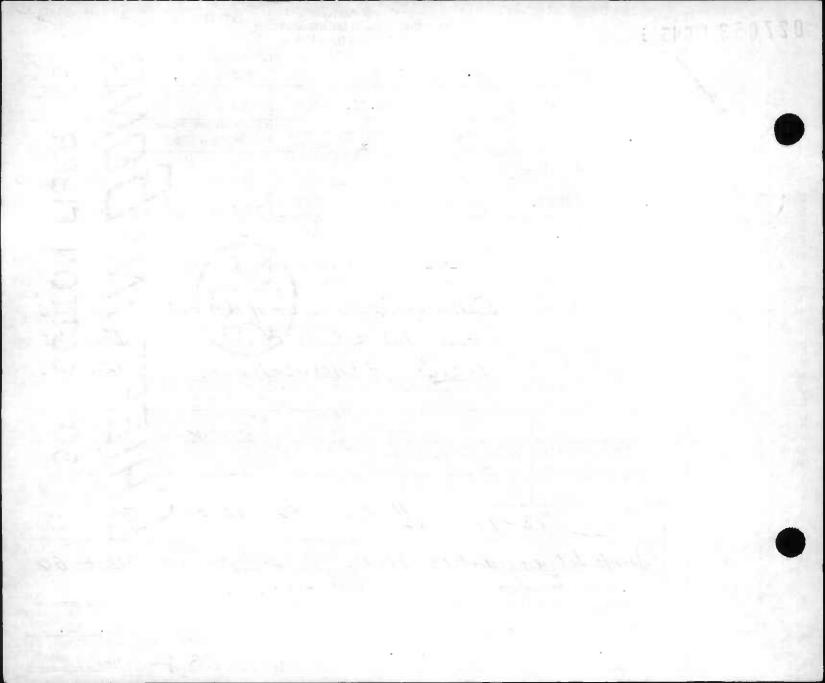
250 DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Hygiene

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nould be detached the the State Department of Property of the Property of the

MEDICAL



02-71-97 COLVES

Access to marganas, M.s. 1982 M. Ave. T. sant., of 20036

CONTRACTOR OF THE STATE OF THE

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC 3 O 1986

Julia Divideon Pandas

-1	REGISTRAR					CERTIF	ICATE OF D	REG. NO	O.				
1	1 [25]	EASED NAME	FIRST	WIDDLE		LAST			2a. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	,
1	OR PRINT)			Marie		6000350				12 2	5 86	102	Q M
1	3. SEX 4			4 RACE		5. DATE OF BIRTH			6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24	
ı	Female		White		Dec. 13 1927		59	YRS.	ONTHS DAYS	HOURS	MIN.		
١	70 BIRTHPLACE (STATE OR FOREIGN 76			76 CITIZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH				
	Washington, DC		USA		WIDOWED XX DIVORCED			Montgo	nery			MD.	
7	10. CI			11. NAME OF HOSPITAL, NURSING				ITUTION	12ª USUAL OCCUPATI			F BUSINESS	OR
1	Rockville		Shacke	Brove Ac	ventist Hospital			Housewife		own he	ome		
	USUAL RESIDENCE IF NURSING HOME OR OT 130. STATE 13b. COUNTY			TY 13c. CITY OR TOV		VN 13d. INSIDE CITY LIMITS?			13e.STREET ADDRESS	ZIP CODE	1 5	0.0	
4		yland	Montg	omery	Darnstow	n	YES X	NO 🗌	14846 Mock	ingbir	d Dr.	20	0874
	14. F.A	4. FATHER'S NAME FIRST John		Bove		15. MOTHER'S MAIDEN N Elisa			WIDDIE		Tordel	la	
1	160. WAS DECEASED EVER IN U.S. ARM								ADDRE				
	160. WAS DECEASED EVER IN U.S. ARM			577-30-25		556	Robert J. Gar		assa -son -	-(same	as 13	e)	
1		L CAUSE OF DEATI	H (Enter only	one cause per	line far (a), (b), and	l (c)1				-	APPROX BETWEEN	IMATE INTERVA	ATH_
1		PART I. DE ATH W	AS CAUSED	DBY: KIDKITTO V MADUTONIA								WKS	
1		IMPREDIATE CASS (S)											
-	- 1	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF											
1	13.4										1		
1													
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II									N IN PART 1	0	
(CERTIFICATION	90 DATE OF OPERAT	ION	196. CONDITION FOR WHICH		OPERATION WAS PERFORMED		RMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
4	Ĕ							IN CERTIFYING CAUSES OF DE.			OF DEATH	?	
٦	#	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY				21c HOW INJURY OCCUR							
	CH (())	OR CONTRIBUTION CAUSE OF SEATON		HOUR A.M. MONTH DA									
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e. PLACE		19	211 LOCATIO	N					
	WE	WHILE NOT WHILE AT WORK AT WORK						CITY OR TOWN		COUNTY STATE			
1		270 1 certify that (1) (thus bospital) attended the deceased from DECEMBER 21, 1965, that (4) (we) last
1	- 20	sow the decease	d alive on	JELEMIA)	P 20 19 8			(o or) apinian d	eath accurred on the de	ate and hour	and from the	causes state	ed
1		DEGREE 22c. D											_
1	1	ATTENDING MEDICAL STAFF PHYSICIAN MIRECTOR PHYSICIAN									12/2	1181	
		THIS CIAN'S NAME (TYPE OR PRICE) 220 ADDRESS 1480 DHYS CANS LANC								1.0/	100		
		ATTER A. BROWN MAN BORNING THE ZORT								7)			
4	23c 0	JURIAL, CREMATION,	DEMOVAL.	23b. DATE	1236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION								
		SPECIFY) Burial	KEMOVAL						CITY OR TOWN	. M -	COUNTY	SIA Ma	
	24 FUNERAL DIRECTOR				2-29-1986 Gate of Heaven Cemetery Sil. Spr. Montgomery 11800 N.H. Ave. 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE								1.
		- NAME 1 14	Euro	ral Uam	1,1800	J N.H	.Ave.	DE	NEC D. DI REGISTRAR	A VEGISIK	.AR 3 SIGNAL	OKE	

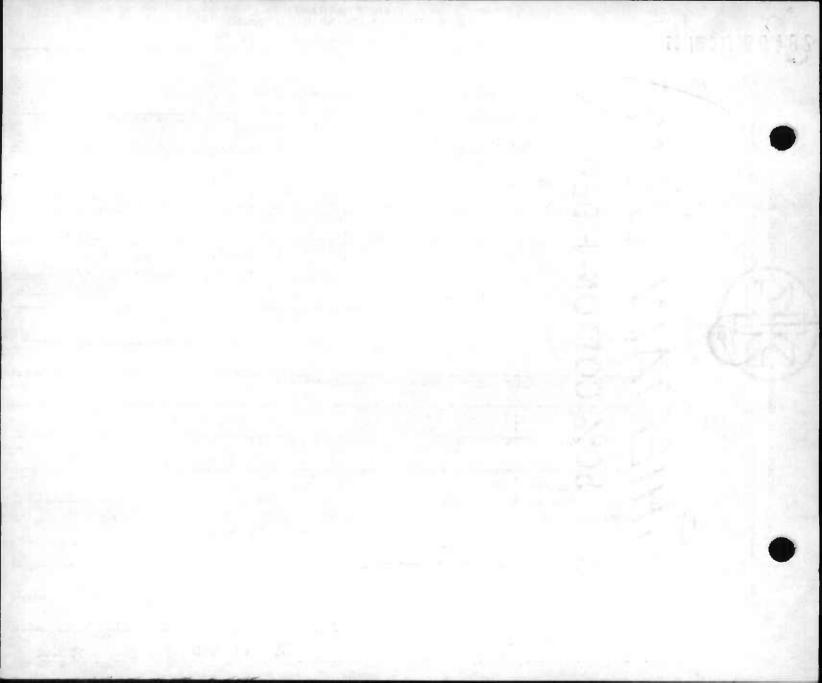
Silver Spring, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

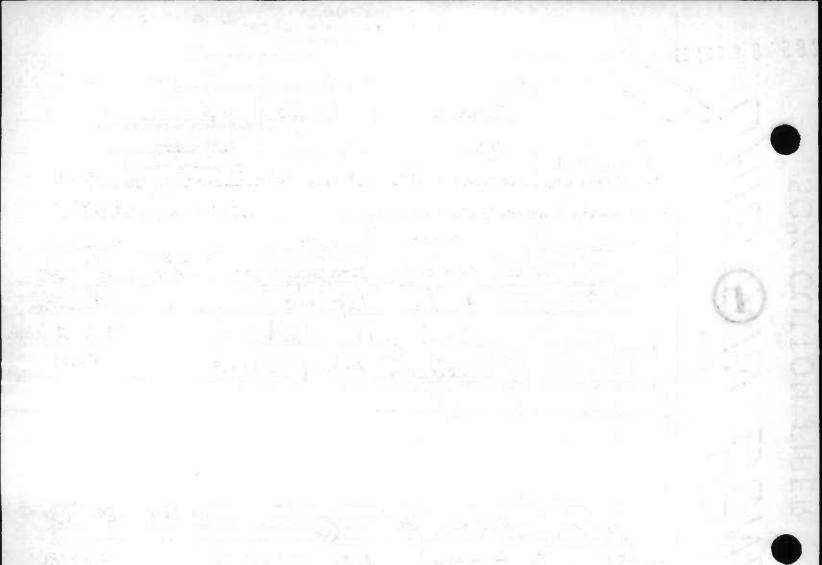
Hines / Rinaldi Funeral Home

TO FUNERAL DIRECTOR, should be detached for us with the State Dept. of He MPORTANT, # In





5 / C DEC 21 01	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLANI EALTH AND MEI ICATE OF DE	NTAL HYGI	ENE 8 6	3	5 /	3 4
0 4 0 050 31 81	I. DE	CEASED NAME	IRST	MIDDI	E		AST		20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
3 75	1	- N 18	nour	-		Gr	WSDN	- 1		12-6	04-86	10 PM
1 11 18	1, SE	× AT		ACE		5. DATE C			AGE (IN YEARS LAST BE	,	IF UNDER I YEAR	IF UNDER 24 HRS
1 95		mala		Cauca	sian	MONTH	30	23	63	YRS	MONTHS DAYS	HOURS MIN.
2 32 19 0		RTHPLACE INTATE OF FORE	IGN 7b. C	CITIZEN OF WHA	AT COUNTRY?	8.	NEVER MAI		BALTIMORE CITY		OF DEATH	
1 22/09/		New York		USA		WIDOWE	, ,		Montgom	erv		MD.
1 11 277	10. €	TOCOMO PEATH	K 11.	NAME OF HOS			R OTHER INSTITU	NOITU	120 USUAL OCCUPAT	ION		F BUSINESS OR
1 12 11	10	D VINGINGIO FOR	tu u	Dashina	ton A	duent	ist Hosp	ital	Parasitolo			R.A.I.R
1 11 20	USU 13m.	AL RESIDENCE (# NERSHO	COUNTY		CITY OR TOW		13d. INSIDE CITY		13e.STREET ADDRESS	-	- //	0402
1 1/22	6	propord	Doto	pnely 5	oilvers	SOir	A 84-8	0 🗆		(QIDY)	Street	
1 10 /6/	Berry	ATHER'S NAME	MIDD	LE	LAST	الـ	15. MOTHER'S M		E MIDDLE	7 1	LAS	1
7 45/2/0		Izzak			Garson		Fanny	4			Karfi	01
de gra		VAS DECEASED EVER IN YES, NOOR UNKNOWN) (U.S. ARMED IF YES GIVE WAL	P OP DATES	SOCIAL SECU		17. INFORMANT		Sil√er			
		res	WW J	TT 08	3-14-22	250	Erna Gar	rson;	11700 Love	joy St		20902
Physical Paris		PART I, DEATH WAS	Enter only or CAUSED BY MEDIATE CA		arolia		Asys to	16			BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 bkg. PHYS.C. (AND CONTROLL) AND CONTROLL CONTROL	z	Conditions, if any, w gave rise to immed cause (a), stating underlying cause	liate the last	DUE TO, OR AS (c) DITIONS CONT	ACONSEQUE AKONO	ence of	Artery		SPQSP NAL DISEASE OR CON	IDITION GIV		-2 hour
N. RECORE The law red The law red The man prior is	CERTIFICATION	19E DATE OF OPERATIO	N	19b. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORM	AED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
ZA SPE	ĕ	210. ACCIDENT WAS UNDERL		21b. TIME OF IN		AY YEAR	21c. HOW INJUI	RY OCCURRE	D (ENTER NATURE OF INJ	RY IN ITEM 18 P	ART I OR PART 2)	
o da tien	3	OR CONTRIBUTING CAU		P.M.	MONTH DA	19						
VISION Of PHYS of the bus of the bus of the bus of the bus	MEDICAL	THE INJURY OCCURRED	-7-11	21e PLACE OF II (AT HOME, STREET, F		ARM, ETC)	21f. LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
ATTENDIN spital or CTOR, Att Flor use or of Health		saw the accordance (1) (1)	is haspital)	12/24	10	86 , or	d that is (my) ou	19 ur) apinian de	, to 2 eath accurred on the c	ate and hou	19_56, r and from the	that (II) we) last causes stated
AL OR A the her AL DiRE ferfoched are Dept	_	Rew	B	2	sal		DEGREE ATTE	ENDING YSICIAN	MEDICAL STA	FF CIAN.	12/3	4/86
O HOSPITAL DO FUNERAL model be der th the Store		Herway	E (TYPE OR PRIM		100		Silver	103/3 Sphi	Georgia	yland	1 2	2854
5 5 5 5 5 5	23a I	BURIAL, CREMATION, RE	MOVAL 2	3b. DATE	23c N	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		10.15	
BP		Burial	1	2-28-19	86 J	udean	Mem. Ga	rdens	Olney	, Marv	land	STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		Ro	ckville	, Mar	yland	250 DATE	2 9 1986	256 REGIST	RAP'S SIGNAT	Pidace
(VRA 15, 4)	Da	nzańsky-Gold	dberg					ש שבני	Z 9 1900	Gulia	Donote.	A



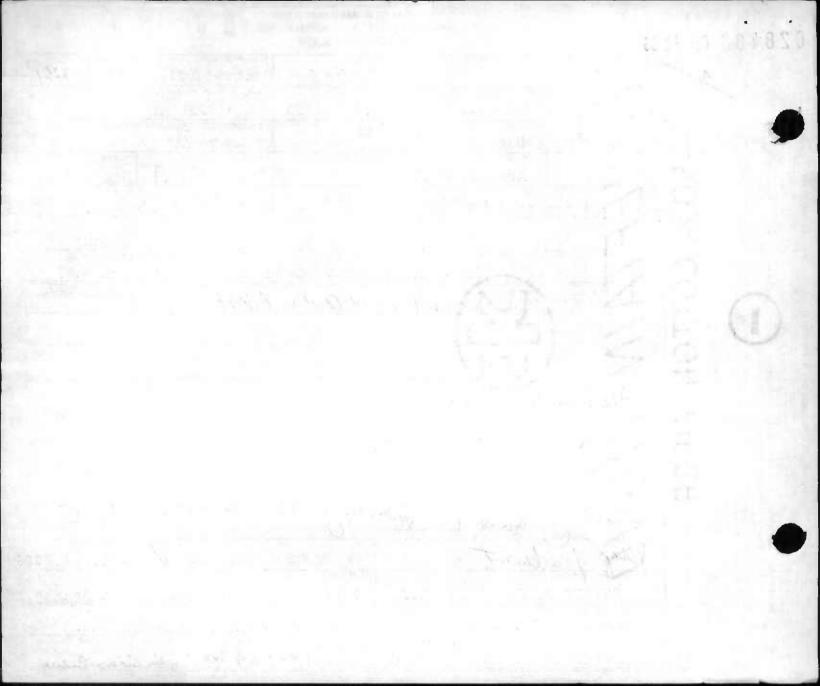
DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

	NAME FIRST		AIDDLE		AST	26 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	SAMUEL			GE	WIRZ	December	21,	1986	326 Km
3.58)	Male	Cauca	sian	S. DATE C	g. 18, 1903	6 AGE LIN YEARS LAST B		MONTHS DAYS	HOURS MIN.
	Washington,	USA	WHAT COUNTRY?	WIDOWE		Montgon			MD.
	Bethesda	Subwi	ban Hospa	ital	DR OTHER INSTITUTION	Owner (R	of working	GLIFE) INDUSTRY	s Clo.
t	AL RESIDENCE (IF NURSING HOME OR INTERIOR COUNTY)	TY	GIVE RESIDENCE BEFORE 131. CITY OF TOW WAS HING		13d. INSIDE CITY LIMITS? YES NO []	3210 Wis	ZIP CO	sin Ave	NW 200
	Hyman	AIDDLE	Gewirz		Sophia	MIDDLE			ıman
	VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE NO ——	MED FORCES? WAR OR DATES)	577-14-9		Robert Gewin				N.W.
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	y one couse per BY: CAUSE (a)	Respira	Yory 1	And CAOdine	Anest		APPRO BETWEEN	eximate interval N Onset and Death
		DUE TO, O	R AS A CONSEQUE	ENCE OF					
1000	Canditians, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	(0)	R AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISFASE OR CON	VDITION (GIVEN IN PART I	10
IFICATION	gove rise to immediate couse (a), stating the	DUE TO, OI	ontributing to E	DEATH BUT	NOT RELATED TO THE TERM	20g AUTOPSY?	20b. IF Y	YES, WERE FIND RTIFYING CAUSE	INGS USED S OF DEATH?
ICAL CERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OXHER SIGNIFICANT C 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	DUE TO, OI IC) ONDITIONS CC 196 CONDI 196 CONDI 196 CONDI 197 CONDI 198 CONDI P.	DATRIBUTING TO E SER-YE TION FOR WHICH FINJURY M. MONTH DA	OEATH BUT	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🖔	20b. IF	YES, WERE FIND RTIFYING CAUSE YES [INGS USED
MEDICAL CERTIFICATION	gove rise to immediate couse lost, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C A 2 L PLIME 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (JE ETHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHITE AT WORK	DUE TO, OI IC) ONDITIONS CO 196 CONDI 196 CONDI 196 CONDI 216. TIME O HOUR A. 216. PLACE (AT HOME STR	SEASE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY BET FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM ETC)	N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET	200 AUTOPSY? YES NO XX RED (ENTER NATURE OF IN)	20b. IF Y IN CER	YES, WERE FIND RTIFYING CAUSE YES [INGS USED S OF DEATH? NO
75	gove rise to immediate couse lost, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C A 2 L CIME! 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE AT WORK 220.1 certify the (1) this hospit saw the deceased alive on obove (1) well (did) (find not obove) (1) well (did) (find not obove)	DUE TO, OI IC) ONDITIONS CO 19b CONDI 19b CONDI 19b CONDI 21b. TIME OI HOUR A. P. 21e. PLACE (AT HOME 51F	DATRIBUTING TO E SEASY TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F E deceosed from _	OPERATIO AY YEAR 19 ARM.EIC)	216 HOW INJURY OCCUR 216 LOCATION STREET AUTH 19 86 nd that in (my) (our) opinion	206 AUTOPSY? YES NO XX RED (ENTER NATURE OF INJ	20b, IF Y IN CER URY IN ITEM I	YES, WERE FIND RTIFYING CAUSE YES 18 PART I OR PART 7) COUNTY 19 Hour and from th	INGS USED S OF DEATH? NO STATE , tho (I) we) lost e causes stoted
75	gove rise to immediate couse lost on stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C A 2 PEIMER 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE ALL WORK 22a.1 certify the (1) this hospit	DUE TO, OIL IC) ONDITIONS CO 196 CONDI 196 CONDI 196 CONDI 216. PLACE (AT HOME STR View the body Museum the body	DATRIBUTING TO E SEASY TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F E deceosed from _	OPERATIO AY YEAR 19 ARM.EIC)	216 HOW INJURY OCCUR 216 LOCATION STREET AUTH 19, 19 86 and that in (my) (our) opinion DEGREE ATTENDING	206 AUTOPSY? YES NO XX RED (ENTER NATURE OF INJ	20b. IF YIN CER	YES, WERE FIND RTIFYING CAUSE YES 18 PART LOR PART 7) COUNTY COUNTY 276. DAT	INGS USED S OF DEATH? NO STATE
795-11	gove rise to immediate couse lost on stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 27a.1 certify the (II) this hospit saw the deceased alive on bove (II) we) (did) (find not 27b. SIGNATURE) 22d PHYSICIAN'S NAME [TYPE OF	DUE TO, OIL IC) ONDITIONS CO 196 CONDI 196 CONDI 196 CONDI 216. PLACE (AT HOME STR View the body Museum the body	DITRIBUTING TO E SEASE TION FOR WHICH FINJURY M. MONTH DA M. MONTH DA DE INJURY ELET FACTORY, OFFICE F eleceosed from 19 office deoth.	OPERATIO AY YEAR 19 ARM.EIC)	216 HOW INJURY OCCUR 211 LOCATION STREET AND THE MANY (our) Opinion DEGREE ATTENDING PHYSICIAN [206 AUTOPSY? YES NO ENTER NATURE OF INJ CITY OR T deoth occurred on the c MEDICAL ST/ DIRECTOR PHYS	20b. IF Y IN CER	YES, WERE FIND RTIFYING CAUSE YES 18 PART L OR PART ?) COUNTY L. 19 86 hour and from th	INGS USED S OF DEATH? NO



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN. The law require that it death certificate be executed within 24 hours after sined by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been among the intending physician and completely falled in by the fould be detached for use as the burial-transit permit. The price corbonpopers. Pages 1 and 2 should be filed was the State Dept of Health and Mental Hygiene prior to burner mentan, ar removal.	CORTANT: If them 21 is morked or them 18 shaws ony injury, or other troumptic event, the medical examiner must be insuffed
	HOSPITAL	FUNERAL buld be det h the State	ORTANT

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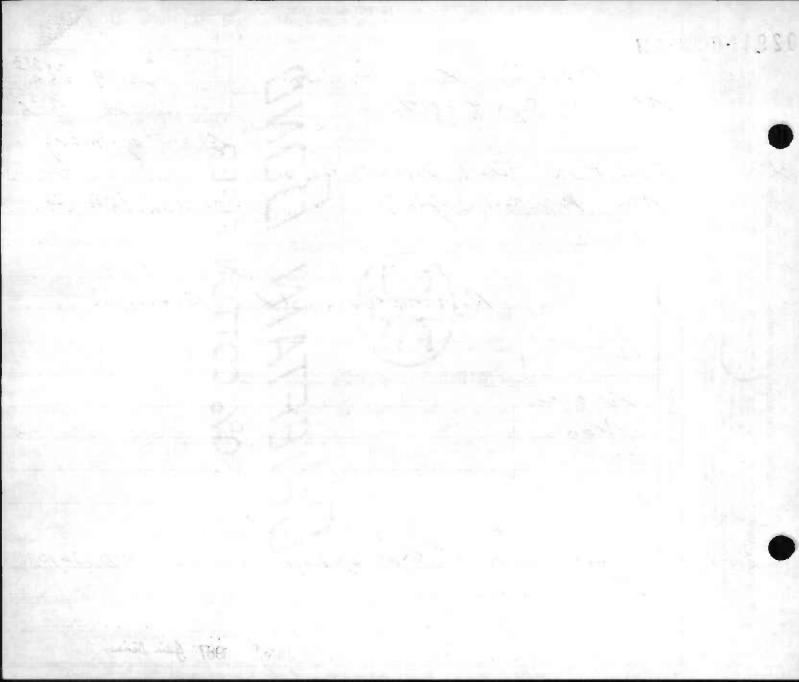
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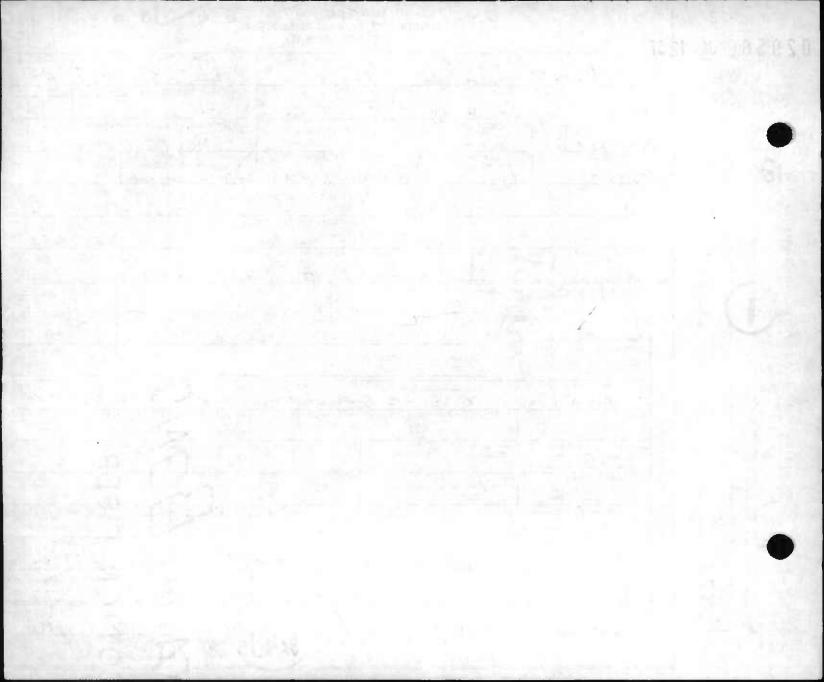
(VRA 15, 4)

1-	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	SIENE & O.	3 5	5 /	on it
	CEASED NAME	FIRST	,	MIDDLE	ı	AST .	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
11176	1	ROSE			GI	TOMER	Dec. 18,	1986	0.45	10:20pm
118	x		4 RACE	A THE STATE OF	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF L		IF UNDER 24 HRS
	Female		Cauc	casian	Sept		96	YRS	UATS DATS	MIN.
	RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
-	ussia	-5.3	U.S.A.		WIDOWE		Montgome	ry Coun	ty	MD.
	ITY OR TOWN OF DEA	тн	(IF NOT IN SUC	HOSPITAL, NURSIN HEACUITY, GIVE STREET A LA RETUREI	ADDRESS)	Contan	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE)	126. KIND OF INDUSTRY Drug S	BUSINESS OR
_	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	cemer			villy 5	none_
130. S Ma)	ryland	Mante	gomery	Rockvill		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		1	Innerni
	THER'S NAME	11.0700	joine og	INO CICUTOCO		15 MOTHER'S MAIDEN NA	1 00 100 00	SSLOTIAL	<u>Lane</u>	(20852)
	Oscar	· ·	AIDDLE	Heft		Eva	WIDDIE	Но	66man	
(VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	EVOID	17 INFORMANT	Washington			
	10			579-60-		Betty Luber;	vaugnter: 57	18 217n		ATE INTERVAL
	PART I. DEATH W	AS CAUSEI		Respinal	1.	-cardiae a	riest		BETWEEN OF	NSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), statinunderlying couse	nediote g the	(b)_	RAS A CONSEQUE CERCH- RAS A CONSEQUE	ella	in degen	eration		1090	ears
NO	PART 2 OTHER SIGN	IFICANT C	onditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	700 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING	OS USED OF DEATH?
	710. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	In .	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS PART	I OR PART 2]	
MEDICAL	21d. INJURY OCCURR		21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that	Phis hospit	al) attended th	e deceased from_	,	Jan 1955		10 19	86_, 11	(I) (we) lost
	sow the decease above (R) we) (d	d olive on	12/16	alter death	· 0 . on	d that in (my Your) opinion	deoth occurred on the do	ote and hour or	nd Irom the co	ouses stated
	226. SIGNATURE	, pio iio				DEGREE			22c DATE S	IGNED
	X	lle	iarl	Kon	-	MA ATTENDING PHYSICIAN	MEDICAL STAF		12-19	7-1986
	224 DHYCK LANTS NIA	AAE	OD III IV			22- ADDDECC			7//	1016

190 DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYU OR CONTRIBUTING T CAUSE I IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED 220.1 certify that (1) This sow the deceased of above (R) we) (did) (226. SIGNATURE STUART E. ROSS, M.D. 5100 Wisconsin Ave., NW, Wash, D.C. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Oxon Hill, Maryland (SPECIFY) Burial -1986 B'nai Israel Cem.
Rockville, Maryland 13 12-21-1986 24 FUNERAL DIRECTOR Danzansky-Goldberg Chapels; 1170 Rockville Pike

28160165919 Apple Commission Commission of the The second state of the second The Country of the comment of the second of the control of HILL SALE





1285

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	IENE REG. NO			
-61	VEASED NAME	FIRST		WIDDLE	ı	LAST	20 DATE OF DEATH M		AY YEAR	2h HOUR
	CR FRINTS	MARY	GE	NE GO	DBEY		December 22	. 198	6	8:00a
1. SE			4. RACE	411	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HE
	emale		Cauca	sian		.29, DA 1897 YEAR	89	M	ONTHS! DATS	HOURS MI
	RTHPLACE (STAN OR	FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY OR	COUNTY	OF DEATH	
	210	0.00	U.S.A		MARRIE	D NEVER MARRIED DIVORCED	Montgomery			
10. CI	ITY OF TOWN OF DE	ATH		HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N	126 KIND O INDUSTRY	of Business of None
134 5	AL RESIDENCE IF NA Bryland		PROTHER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOW Damascus	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 27441 Clar	ZIP CODE ksbur	g Rd./	20872
IA FA	William	ğ.	MIDDLE H.	Bode		15 MOTHER'S MAIDEN NAM Barbara	ME	М	eisel	त
No. V	VAS DECEASED EVER		RMED FORCES?	270-07-		Mrs. Marian I	Meyers 2744 Dama	l Cla scus,	rksbur	g Road 0872
	18 CAUSE OF DEAT	T H (Enter a	nly ane cause pe	r line for (a), (b), on	nd (CL)	. / 1	-		APPROXI BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cercio respiratory Arest									rured
	gave rise to im		10)_			cular insu	Manc	/	1 7	
7	couse (a), stoti underlying couse	mediate ng the e last.	(c)_	DR AS A CONSEQU	ence of	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART III	3
CATION	couse (a), stoti underlying couse	mediate ng the e last. NIFICANT	(c)CONDITIONS C	OR AS A CONSEQUI	ENCE OF			20b IF YES,	WERE FINDIN	NGS USED
RTIFICATION	PART 2. OTHER SIG	mediate ng the e last. NIFICANT	CONDITIONS C	OR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY? YES NO. NO.	20h IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	NGS USED
CERT	PART 2. OTHER SIG	mediate ng the e last. NIFICANT IDENTIFYING [CAUSE OF DE	CONDITIONS	OR AS A CONSEOU ONTRIBUTING TO DITION FOR WHICH OF INJURY M. MONTH D.	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE	200 AUTOPSY? YES NO. NO.	20h IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	NGS USED OF DEATH?
Ann I	PART 2. OTHER SIG	mediate ng the e last. NIFICANT IDERLYING [CAUSE OF DE ICAL EXAMINE RED	CONDITIONS C 19b. CONE 19b. CONE HOUR A 18b. TIME (HOUR A 18c. PLACE	OR AS A CONSEQUI CONTRIBUTING TO DITION FOR WHICH OF INJURY L.M. MONTH D.	DEATH BUT OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCURE 21f LOCATION STREET	200 AUTOPSY? YES NO AUTOPSY? YES NO AUTOPSY? YED (ENTER NATURE OF INJURY) CITY OR TOW	206 IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	NGS USED OF DEATH?
CERT	PART 2. OTHER SIG	mediate ng the last. NIFICANT ADERLYING CAUSE OF DE ICAL EXAMINE DRA NIFIC DRA ICAL EXAMINE	(c) CONDITIONS CONDITI	OR AS A CONSEQUI	DEATH BUT OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCURE 21t LOCATION STREET	200 AUTOPSY? YES NO ATTORE OF INJURY CITY OR TOW	20b IF YES, IN CERTIFY YES IN ITEM 18 PAI	WERE FINDING CAUSES RT OR PART 7) COUNTY	NGS USED OF DEATH? NO STATE
CERT	PART 2. OTHER SIG	mediate ng the e last. NIFICANT HORRIYING CAUSE OF DE INCAL EXAMINE HERE THE CAUSE OF DE INCAL EXAMINE HERE CAUSE OF DE I	(c) CONDITIONS CONDITI	OR AS A CONSEQUION ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D.M. OF INJURY IREET FACTORY OFFICE.	DEATH BUT OPERATIO AY YEAR 19 FARM ETC)	NOT RELATED TO THE TERM NOW WAS PERFORMED 21c HOW INJURY OCCURR 21f LOCATION STREET 19 nd that in (my) 1000 opinion of	200 AUTOPSY? YES NO ATTORE OF INJURY CITY OR TOW	20b IF YES, IN CERTIFY YES IN ITEM 18 PAI	WERE FINDING CAUSES THE COUNTY On the county of the coun	NGS USED OF DEATH? NO STATE that D (well causes stoted)
CERT	PART 2. OTHER SIG	mediate ng the e last. NIFICANT NIFICANT CAUSE OF DE NICAL EXAMINE HED O O O O O O O O O O O O O	CONDITIONS	OR AS A CONSEQUION ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D.M. OF INJURY IREET FACTORY OFFICE.	DEATH BUT OPERATIO AY YEAR 19 FARM ETC)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCURF 21f LOCATION STREET 19 19 10 DEGREE	200 AUTOPSY? YES NO ATTORE OF INJURY CITY OR TOW	20h IF YES, IN CERTIFY YES IN ITEM 18 PAI	WERE FINDING CAUSES COUNTY GOUNTY 22C. DATE	NGS USED OF DEATH? NO STATE that D (well causes stoted)
CERT	PART 2. OTHER SIG	MEDICAL EXAMINE AME (TYPE:	(c) (C	OR AS A CONSEQUION ONTRIBUTING TO DITION FOR WHICH DEFINJURY A.M. MONTH D. M.M. OF INJURY REET FACTORY OFFICE, I he deceased from 19 y after death	DEATH BUT OPERATIO AY YEAR 19 FARM ETC)	21c HOW INJURY OCCURR 21l LOCATION STREET 19 10 DEGREE ATTENDING PHYSICIAN [2]	200 AUTOPSY? YES NO AUTOPSY? YES NO AUTOPSY? YES NO AUTOPSY? CITY OR TOW CITY OR TOW death occurred on the dot MEDICAL STAFF DIRECTOR PHYSICIA	20h IF YES, IN CERTIFY YES IN ITEM 18 PAI	WERE FINDING CAUSES COUNTY 9 and from the 12-22	NGS USED OF DEATH? NO STATE that (well- causes stoted)
MEDICAL CERT	PART 2. OTHER SIG	mediate ng the last. NIFICANT VIDN DERLYING CAUSE OF DE DICAL EXAMINE MILE DICAL EXAMINE AME (TYPE: 1111ma	CONDITIONS C 19b. CONE 19b. CONE 19b. CONE 21b TIME (HOUR A HOUR A P 21e PLACE (AT HOME 5' of view the bod OR PRINT) In , M.D.	OR AS A CONSEQUI	DEATH BUT OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCURR 21l LOCATION STREET 19 DEGREE ATTENDING PHYSICIAN [2]	200 AUTOPSY? YES NO AUTOPSY? YES NO AUTOPSY? YES NO AUTOPSY? CITY OR TOW CITY OR TOW death occurred on the dot MEDICAL STAFF DIRECTOR PHYSICIA	20b IF YES, IN CERTIFY YES IN ITEM 18 PAI TO ONLY THE PAI TO O	COUNTY 9 66 and from the 12-2 ROCK	state that III (wet causes stated SIGNED 2-1986 Luille, Md 20

Frederick, Md. 21701

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to FunEau Diffector, whould be detached for une with the State Dept. of Hea

ws ony injury, or other troumate

IMPORTANT: If them 21 is marked or Item 18 sho

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(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND

	JINIL OI I	MARILAND	
DEPARTMENT	OF HEALT	H AND MENT	AL HYGIENE
CE	RTIFICA1	E OF DEAT	H

100	REGISTRAR				CERTIFI	CAIL OF DEATH	REG. N	O		
CITE	ECEASED NAME	FIRST	MIDD	LE.	LA	st	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
1	TE OR PRINTS	ANA	LUISA GON	ZALEZ			DECEMBER	8 1986	5	5:25 A
3. S		T	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE		HISPAN	IC /	MA	Y 25 1953	33	YR5	ONTHS DAYS	HOURS MIN.
7a. I	BIRTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF WH	AT COUNTRY?	0	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
	PUERTO RICO		UNITED S	STATES	WIDOWED		MONTGOMERY	7		M
_	CITY OR TOWN OF DE		11. NAME OF HOS	PITAL, NURSIN	G HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATI	ON		F BUSINESS OR
	BETHESDA			CILITY, GIVE STREET A		Г.	HOUSEWIE		INDUSTRY	
USU	UAL RESIDENCE (IF NUR		OTHER INSTITUTION, GIVE	RESIDENCE BEFORE	ADMISSION)					
	MARYLAND	MONT	GOMERY	BETHESD		13d. INSIDE CITY LIMITS?	4977 BATTE		NE.	20814
	FATHER'S NAME	-				15. MOTHER'S MAIDEN NA	WE	21(1 1211		
V	PIRST	TRIO A	YAT.A	LAST		FIRST A NT A	CABRERA		LAS	īT
I 6a	WAS DECEASED EVER	IN U.S. ARA	MED FORCES? 161	SOCIAL SECU	RITY NO.	I7 INFORMANT	ADDRE	SS		
	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	061-46-9	015	LUIS J.GONZAI	EZ. 4977 BAT	TERY 1	LANE AT	рт 812
-	18 CAUSE OF DEAT	H (Enter nol				BETHESDA, MI		TIME		MATE INTERVAL
3	PART I. DEATH V	VAS CAUSEI	BY:			TIC LEUKEMIA	20014		BEIWEEN	ONSEL AND DEATH
		IMMEDIAT	E CAOSE (0)			ITO DEORBITIN				
			DUE TO, OR AS	S A CONSEQUE	NCE OF					
	Conditions, if any		(b)						+	
Н	underlying couse		DUE TO, OR A	s a conseque	NCE OF					
			(c)							
z	PART 2 OTHER SIG	NIFICANTC	ONDITIONS CONT	RIBUTING TO D	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I to	0
TION	190 DATE OF OPERA	TION	Tini coninizio	N. FOR WILLIAM	OBTOATION	WAS 050500050	Tan AUTORSVA	Table IF VEC	WERE EINION	10011050
CERTIFICAT	190 DATE OF OPERA	TION	196. CONDITIO	IN FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN (ING CAUSES	
Ē							YES NO X	YES		NO 🗌
_	21a. ACCIDENT WAS UN		21b. TIME OF IN HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM TS PA	RT OR PART 2)	
S	(IF EITHER, NOTIFY MED	ICAL EXAMINER)	P.M.		19					
MEDICAL	21d. INJURY OCCUR		21e. PLACE OF	INJURY FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
~	AT WORK NOT WE	HILE								
	220.1 certify that J				NOVEM		to_DECEMBE			that the (we) los
	sow the deceas above, (I) (we) (ed olive on a did) (did not	DECEMBER	2819 er death.	86_, one	that in (my) (our) opinion	death occurred on the di	ote and hour	and from the	couses stated
	226. SIGNAMURE	3		-	D	EGREE			22c DATE	SIGNED
	K-	F. 1)dran	M1)		ATTENDING PHYSICIAN	MEDICAL STAI		12/	8/86
	226. PHYSICIAN'S N	AME (TYPE OF	PRINT)			22e ADDRESS NAVA	L HOSPITAL			
	R. P. I	OOLAN,	LT, MC,	USNR			ESDA, MD 20	081/-50	011	
23a	BURIAL, CREMATION,		23b. DATE		AME OF CE	METERY OR CREMATORY	23d LOCATION	K114-)[
	(SPECIFY) Burial		11 Dec		iprese		Bayanon	PR	COUNTY	STATE
24	FUNERAL DIRECTOR		1 xx Dec	00 1 0	-pr-000		E REC'D. BY REGISTRAR	/	AR'S SIGNAT	URE
	Capitol Fu	mera1	Service	Falle	Church		1 1986 4	7	A TO	
	Oabtrot Lo	TICK COT	Dervices	_ ~ _ ~	Crick Cr	. 5 YAX	The same of the sa	the of Later Life	STREET, STREET, STREET,	The second second

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-		500 1 1 2 2 2 2 2 2 2	15 15 14 15	STA	TE OF MARYLA	ND	8- 6	3 5	1 4	1
3	NIST	FORItems 7a-8 4-1 STATE REGISTRAR -23b-d-24			HEALTH AND N	CATE OF DE	NE TH			
			4 3-10-8\ 2BAIL		IER 3 CERTIF	CATE OF DE	KEK	G. NO.		
		ASED NAME FIRE OR PRINT)	151	MIDDLE	LAST		20 DATE KNOW OF ESTI-	N _ MONTH	DAY YEAR	76 HOUR
		ROBI	ERT	JOHN	GOTI	45 KY	DEATH MATE	12	10 1986	PM
	3. SEX	4. RACE W	ite S. DATE OF BIRTH	6 AGE (IN YE	ARS IF UNDER 1 YR.	II OTTE CITE TIME	S. 20 DATE PRONOUNCED	MONTH	DAY YEAR	2d HOUR
		m -c	01 03	33 53 Y		HOURS MIN	DEAD	12	16 1986	20 -M
0		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED N	EVER MARRIED	9. BALTIMORE C	TY OR COUNTY	OF DEATH	
1	-0	omnecticut	us us	A	WIDOWED	DIVORCED [X	1 10101		24	MD.
6	ID CI	TY OR TOWN OF DEATH		PITAL, NURSING HOM	E, OR OTHER INSTIT		ISUAL OCCUPATION OR MOST OF WORKING LIFE		OR INDUSTE	
0	61	SRMAN TOWN	1 19268 C	IROUS GATE	5 DV	in .		<u> </u>		
	III A	L RESIDENCE (IF IN NURSING)	OME OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS	ION)	CITY LIMITS? 13e S'	TREET ADDRESS	21401		4 77
3		No.		ANNA POLI		NO 22			CT	
	II FA	THER'S NAME	MIDDLE			HER'S MAIDEN NAM	ME MIDDLE		LAST	
2	/	11131	7-110-0-0	LAST	- 27 23	11101	INKNOWN		(ASI	
		AS DECEASED EVER IN U.		166 SOCIAL SECURIT	TY NO. 17. INFOI			RESS		
2	(YE	S, NO, OR UNKNOWN) (IF YES	GIVE WAR OR DATES)					D-146-00	o MD	
				049-24-2974	VA Ac	<u>Iminstration</u>	n	Baltimore	APPROXIMATE	EJNITERVAL
		18. CAUSE OF DEATH (Ent PART I DEATH WAS CA	AUSED BY:		WOUNT	0			BETWEEN ONSE	T AND DEATH
	-	IMM	EDIATE CAUSE (U)	UNSHOT		2			ACO	TE
		Continue to see		AS A CONSEQUENCE	OF					
	4	Conditions, if any, v								
		cause (a) stating the <u>u</u> lying cause last.	nder DUE TO, OR	AS A CONSEQUENCE	OF					
		lying coose lost.	(c)							
	31	PART 2 OTNER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1 10				
	Z			4						
=	CATION	90. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPER	RATION WAS PERFO	RMED?			20 AUTOPSY	2
d	E								YES 🗆	NO
5	CERT	210 EXTERNAL CAUSEWA	S 216. TIME O	INJURY	121c HOW INJUR	Y OCCURRED (ENT)	ER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR		140 68
5		UNDERLYING OR	1.1.0	MONTH DAY YEA	R .	a.1 D				1/ 1
	MEDICAL	CONTRIBUTING CAUSI			6 7820ED	4N B	BD WI	THE OU	USHOT	wall
	AE.	21d. INJURY OCCURRED	21e PLACE (OF INJURY (AT HOME.	21f LOCATION STREET	9	CITY OR COWN	COU	NTY , ,	STATE
	-	WHILE NOT WHILE AT WORK	A	OME	19268	CIRCLE !	UNIODY G	DOL HATE	IN MOR	THA
			charge of the remains de	scribed abave, held an	Autapsy .	Inspection 4.	Inquiry 4	and in my ap	nion	
		death resulted from	reguent couses	Accident . Si	vicide Ham		determined manner			
			-	11/1	TIME	(SPECIFY)				,
1	9	ACTURE SIGNATURE	excedy	Myllett	MD A	- 4	EDICAL EXAMINER	DATE	12/16	14
7			~ *	1 111		/	EDICAL EXAMINER	SIGNEL	2181	4
d		EXAMINER'S NAME (TYPE OR PRINT)	EBULLI (MAYC	ADDRESS	8200 WIS	consin p	we BE	THUSDA	(ch
	23a.Bl	JRIAL, CREMATION, REMOV	AL 236. DATE 0. 15	7 23¢ NAME OF CE	METERY OR CREMA		LOCATION	700		
	(5	Removal	12-29-87			CI	ITY OR TOWN	COUNT	1Y 51	ATE
	24 FL	JNERAL DIRECTOR		Crownsvi	rie ver.	25a, DATE REC'D.	COWNSVILLO BY REGISTRAR (5)	REGISTRAR'S SI	GNATURE MD	
		NAME Irvi	ng Carrolladdress	1712-14 W. N. Balto., M	orth Ave.	JAN 1 4	1 1987 Ach	a Davidson	-Mandall	,
		THIC COMY	DOGE GO	202-00-7-11						

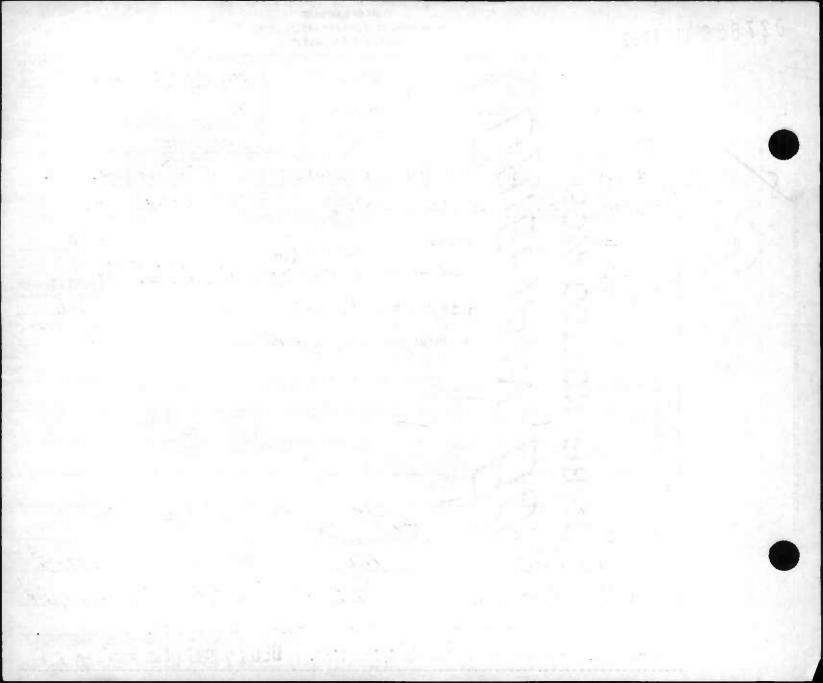


STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH	
	_

		WIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOURA ET
	CEASED NAME FIRST	Middle			1 2 2 2 5 P
		Aldora D.	Green	December 1	2, 1986
3 SE)	Х	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	4-21-99 YEAR	87 _{YI}	MONTHS DAYS HOURS MIN.
. BII	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	- 9 BALTIMORE CITY OR COU	
C	PA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	MD.
0. CI	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
	Olney	Montgomery Ge	eneral Hospital	1 Payroll Audit	or Fed. Govt.
13a S		AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY Ontgomery Silve		s? 13. SIREEL ADDRESS / ZIP C	ODE Ct 20906
_	ATHER'S NAME	μ	15. MOTHER'S MAIDEN		
	Henry	Decker	Mar	y	Ridge
	VAS DECEASED EVER IN U.S	. ARMED FORCES? 166 SOCIAL SEC S. GIVE, WAR OR DATES)	CURITY NO. 17. INFORMANT (S	on) 9105 25th.	Avenue
	N/A	N/A 262-84-	8826 Thornton G	reen Adelphi Me	
	18 CAUSE OF DEATH (Ent	er only one couse per line for (o), (b), o	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CA		atom buller		(mmediate)
	1,000				1000 Standy
		DUE TO OR AS A CONSECU	HENCE CE		
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	LAUMBARM Like	isis	10.19 3/2000
	Conditions, if any, which gave rise to immediate couse (a), stating the	(b) inte-stitu	Bolmonand files	isis	Tong sports
		DUE TO, OR AS A CONSEQUE	Bolmonand files	isis	Tong sports
	gove rise to immediat couse (a), stating th underlying couse lost	Due to, or as a consequence	LANMONING GIA	ISLS	7 - 7
NOI	gove rise to immediat couse (a), stating th underlying couse lost	DUE TO, OR AS A CONSEQUE	LANMONING GIA	TERMINAL DISEASE OR CONDITION	7 - 7
CATION	gove rise to immediat couse (a), stating th underlying couse lost	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	LANMONING GIA	20a AUTOPSY? 20b. II	I GIVEN IN PART 110 F YES, WERE FINDINGS USED
TIFICATION	gove rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	LENTENDENCY GIAN	20a AUTOPSY? 20b. II	I GIVEN IN PART 110
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost part 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE THE TO T	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED PRESTITIVE CAUSES OF DEATH? YES NO
	gove rise to immediate couse (a), stating the underlying couse lost underlying couse lost PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF COURT COUR	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	20a AUTOPSY? 20b. IIN CE	F YES, WERE FINDINGS USED PRESTITIVE CAUSES OF DEATH? YES NO
	gove rise to immediate couse (a), stating the underlying couse lost part 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY	DEATH BUT NOT RELATED TO THE THE PROPERTY OF T	200 AUTOPSY? 20b. II YES NO CENTER NATURE OF INJURY IN 11EA	F YES, WERE FINDINGS USED PRIFFING CAUSES OF DEATH? YES NO PARTION PARTICIPATE OF
	gove rise to immediate couse (a), stating the underlying couse lost part 2. Other SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETIMES NOTIFY MEDICAL EXAMINATION OF COURRED 21d INJURY OCCURRED	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 197 CONDITION FOR WHICE 198 CONDITION FOR WHICE 199 CONDITION FOR WHICE 190 CONDITION FO	DEATH BUT NOT RELATED TO THE THE PROPERTION WAS PERFORMED DAY YEAR 19 211, LOCATION	20a AUTOPSY? 20b. IIN CE	F YES, WERE FINDINGS USED PRESTITIVE CAUSES OF DEATH? YES NO
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse loss part of the underlying couse loss part of the underlying couse loss part of the underlying data part of the underlying or contributing (is either notify medical example). The underlying course of the underlying or contributing course of the underlying or contributing course of the underlying course of	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY	DEATH BUT NOT RELATED TO THE THE	200 AUTOPSY? 20b. II YES NO CENTER NATURE OF INJURY IN 11EA	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO PART 1 ORPART 2) COUNTY STATE
	gove rise to immediate couse (a), stating the underlying couse last underlying couse last PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LITHER NOTIFY MEDICAL EXAMINATION COURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK SOW the decreased of the country of the	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) cospital) ottended the deceosed from	DEATH BUT NOT RELATED TO THE THE TO T	200 AUTOPSY? 20b. II YES NO CENTER NATURE OF INJURY IN 11EA	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO O
	gove rise to immediate couse (a), stating the underlying couse last underlying couse last PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LITHER NOTIFY MEDICAL EXAMINATION COURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK SOW the decreased of the country of the	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH IN P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OSPITOL) ottended the deceosed from	DEATH BUT NOT RELATED TO THE THE TO T	200 AUTOPSY? 20b. II N CE YES NOTE NATURE OF INJURY IN ITEA CITY OR TOWN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO O
	gove rise to immediate couse (a), stating the underlying cause lost underlying cause lost 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CITE ETHER. NOTIFY MEDICAL EXAMINATION OR CONTRIBUTING CAUSE CITE ETHER. NOTIFY MEDICAL EXAMINATION OF COURTED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK 22a. I certify that (H) (this is saw the deceased of washing to bove.) (I) (we) (did id.) 22b. SIGN AT URE	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) cospital) ottended the deceosed from	DEATH BUT NOT RELATED TO THE T	CURRED (ENTER NATURE OF INJURY IN ITEA	FYES, WERE FINDINGS USED ETHYING CAUSES OF DEATH? YES NO (A) NO (
	gove rise to immediate couse (a), stating the underlying couse loss of the couse loss of the couse loss of the couse loss of the couse	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) cospital) ottended the deceosed from	DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 20b. IN CE YES NOTE NATURE OF INJURY IN ITEA CITY OR TOWN To not death occurred on the date and	FYES, WERE FINDINGS USED ETIFYING CAUSES OF DEATH? YES NO ON NO MIRE PART LORPART? COUNTY STATE COUNTY STATE 1 hour ond from the couses stated 22c. DATE SIGNED
MEDICAL	gove rise to immediot couse (a), stoting the underlying couse lost underlying couse lost part 2. OTHER SIGNIFICAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEC (IF EITHER NOTIFY MEDICAL EXAL 2014 INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAL WORK NOTIFY MEDICAL EXAL 2014 INJURY OCCURRED AT WORK OF THE CONTRIBUTION OF THE CONTRIBUTI	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OSPITOL) ottended the deceased from 19 now view the body ofter death.	DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 20b IIN CE YES NOTE IN CE CURRED (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN CITY OR TOWN AND A DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN CALL AND A DIRECTOR PHYSICIAN CALL AND A DIRECTOR STAFF AND A DIRECTOR PHYSICIAN CALL AND A DIRECTOR STAFF	FYES, WERE FINDINGS USED ETHYING CAUSES OF DEATH? YES NO (A) NO (
WEDICAL	gove rise to immediate couse (a), stating the underlying couse loss to underlying couse loss to underlying couse loss to underlying couse loss to underlying couse (a) accident was underlying or contributing cause of the underlying contributing cause of the underlying countributing cause of the underlying countributing couse (a) accident was underlying countributing countributin	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OSPITOL) ottended the deceased from and the deceased from 19 3 now view the body ofter death.	DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 20b. II N CE YES NOT NOTE CURRED (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN TO NOTE OF INJURY IN ITEA CITY OR TOWN AND ICAL STAFF N DIRECTOR PHYSICIAN ORY 23d LOCATION CITY OR TOWN	FYES, WERE FINDINGS USED ETIFYING CAUSES OF DEATH? YES NO ON NO MIRE PART LORPART? COUNTY STATE COUNTY STATE 1 hour ond from the couses stated 22c. DATE SIGNED
WEDICAL	gove rise to immediot couse (a), stoting the underlying couse loss of the underlying data of the underlying or contributing couse course of the underlying couse of the underlying	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OSPITOL) ottended the deceased from and the deceased from 19 3 now view the body ofter death.	DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 20b. II N CE YES NOT IN CE CURRED (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN IN EDICAL STAFF IN EDICAL STAF	TGIVEN IN PART 110 FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO PART 1 ORPART 2) COUNTY STATE 19 26 thory (we) lost 1 hour and from the couses stated 27c. DATE SIGNED 1 2 - 7 - 96 COUNTY STATE Georges Md.
WEDICAL 23a B	gove rise to immediate couse (a), stating the underlying couse lost underlying couse lost part 2. OTHER SIGNIFICA 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIPETITES. NOT EMPLIE AT WORK 214 INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify the Mork (this sow the deceased of work of well (a) (d) (d) (d) 221. SIGNATURE 222. PHYSICIAN'S NAME (1) 223. SIGNATURE	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 197 HOUR A.M. MONTH IN INTERPORT FOR INJURY (AT HOME, STREET, FACTORY, OFFICE COSPITOL) ottended the deceased from 197 months of the body offer death. VAL 236 DATE 236 12-16-1986 F	DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 20b. II N CE YES NOT NOTE CURRED (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN TO NOTE OF INJURY IN ITEA CITY OR TOWN AND ICAL STAFF N DIRECTOR PHYSICIAN ORY 23d LOCATION CITY OR TOWN	TGIVEN IN PART 110 FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO PART 1 ORPART 2) COUNTY STATE 19 26 thory (we) lost 1 hour and from the couses stated 27c. DATE SIGNED 1 2 - 7 - 96 COUNTY STATE Georges Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



021178	FOR EXEU. Of Est. DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR Gbj. CERTIFICATE OF DEATH REG. NO.
ge 4 moy be	DECEASED NAME FRIST MIDDLE H GREN 1. AGE (IN YEARS LAST BIRTHDAY) FEMALE Caucasian April 8, 1906 20. Date of Death Month DAY YEAR 1. S. Date of Birth April 8, 1906 YRS. 1. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN. YRS.
ter death. Po within 72 ha	BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN THE PROPERTY THE
24 hours o	Silver Spring Holy County of the street about the possibility of the possibility of the street about the possibility of the street about the possibility of the street about the possibility of
Food Land	Edward Howse Katherine McGowan was deceased ever in u.s. armed forces? 166 social security no. 17. Informant Son Address 10001 Kensington 180 or unknown) If yes, give war or dates) 577 42 5748 Jack A. Green Parkway Kensington M
That the death certificate to be selected as the control of the co	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CANSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum Output DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum Output DUE TO, OR AS A CONSEQUENCE OF MY ocardial Tutantum Outpu
NG PHYSICIAN: The low require attending physician. The this certificate has been sign to the buriel-tronsit permit. Then to and Membel Hygiene prior to buried-decrification orked-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NOW 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
3 5 6 6	If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY CO
TO HOSPITAL OR ATTEN retained by the haspital TO FUNERAL DIRECTOR. should be detached for us with the State Dept. of the MAPORTANT. If them 21 is	The story (did) did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X (2/1) / 86 27d/PHYSICIAN'S NAME (TYPE OR PRINT) SEGRE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X (2/1) / 86 27d/PHYSICIAN'S NAME (TYPE OR PRINT) SEGRE MD STAFF PHYSICIAN DIRECTOR PHYSICIAN X (2/1) / 86 27d/PHYSICIAN'S NAME (TYPE OR PRINT) SEGRE MD STAFF PHYSICIAN DIRECTOR PHYSICIAN X (2/1) / 86 27d/PHYSICIAN'S NAME (TYPE OR PRINT)
BP	BURIAL, CREMATION, REMOVAL 23b. DATE Dec. 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 19 1986 Gate of Heaven Silver Spring, Maryland FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMESTER CO. BY REGISTRAR 23b. REGISTRAR'S SIGNATURE A 3000 West Montgomery Avoes. Rockville, MD 450118 1996 Gate Of Heaven

Motor & molya A to layer and all Interture & fars Commen treat bisease road 25-24 71/2 W W/ 1/5/ 2 4/20 3 9 THE SALE OF THE SA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

L				REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
L	Kosa	- L.	Greene	12	9 86 8 HVIN
3	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (INYEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
L	1 -		MONTH DAY YEAR 97		RS.
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
L	MD	U.S.	WIDOWED DIVORCED	$ \Lambda//\Lambda \Omega + Z/\Lambda M$	ery County mo
1	CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
	Takoma Park	IN ACHIN GTON ACK		HOME MAKES	DI ac
	SUAL RESIDENCE (IF NURSING I AE OF	R OTHER INSTITUTION, GIVE RESIDENCE BE			WAGE,
	PEASI+ DO MINICOU	Wast	OWN I I I I I I I I I I I I I I I I I I I	13e.STREET ADDRESS / ZIP C	
ľ	FATHER'S NAME	MIDDEL - LAST	IS MOTHER'S MAIDEN	NAME	and a
L	Edward	Box	nd FLIZA	wood.	Davis
1	in WAS DECEASED EVER IN U.S. AR		ECURITY NO. 17 INFORMANT	ADDRES5	i i
L	INST NO DE UNENCONNI) (R YES GE	578-24	-3927 Vinginia Bi	700KS 9200 Ed	words Way
Г	III. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a). (fr	and seed /	11/	RETWEEN CHISTAND GEATH
ı		ITE CAUSE IIII	who - heur	1.1	18 /2
ı	122(0.805)	DUE TO, OR AS A CONSE	ONENCE OF	11/1000	11.00
ı	Conditions, if any, which	1 10 10 10 10 10	1000	60 -	11/6
ı	gove rise to immediate) "	tot in	7	-
ı	underlying couse lost	DUE TO: OR AS A CONSE	QUENCE OF	. /	1. 16.
ı		(c)	manner of	- Comment	100
		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	terminal disease or condition	GIVEN IN PART ITA
1	2 July	& Fonden	4		
1	190 DATE OF OPERATION	196 CONDITION FORWH	ICH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	190 DATE OF OPERATION 12/9/8/6 210. ACCIDENT VAS UNDERLYING	14 Dallese	22 Kenwal Fine	900 0 000	YES NO
l		THE PARTY OF THE P	DAY YEAR JIE HOW MJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	A 18 PART 1 OR PART 2)
ı	OR CONTRIBUTING CAUSE OF DE	AID .	19		
Г	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY	711 LOCATION		
Г	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFF	ICF, FARM, ETC.)	CITY OF TOWN	COUNTY STATE
L		Sital) attended the deceased fro	m 12 /1 / 10 4	12/9/	1954 that (IT Twe) lost
l	saw the deceased alive ar	12/6/	7-10-1	nion death accurred an the date and	
ı	27L SIGNATURE	at) view the body after death.	DEGREE		22c. DATE SIGNED
	16/5/	TA	A ATTENDIN		
1	276 PHYSICIAN SNAME TYPE	100	22e MODRESS	N DIRECTOR PHYSICIAN	7
	18 1 1		1/2/19 CE	mal Be a lik	P. /1
	HI.MART	TER	1010	- In Cour lask	mul sto JAII

- 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

Hem 18 slides any injury, or ether

MPORTANT: If Hem 21 is marked gr

24 FUNERAL DIRECTOR NAME

(SPECIFY)

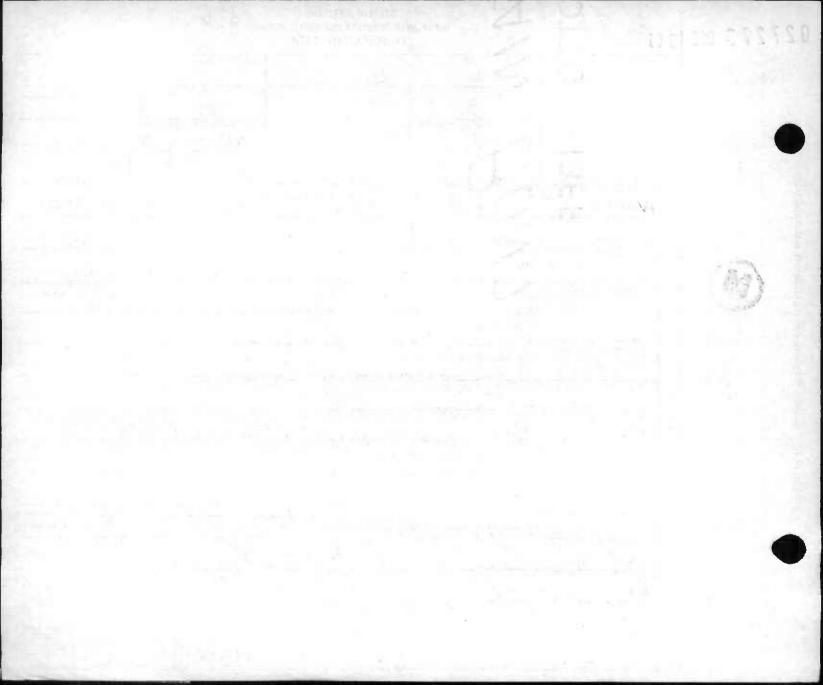
230. BURIAL, CREMATION, REMOVAL 23b. DATE 12-15-86

23c. NAME OF CEMETERY OR CREMATORY Mem

23d. LOCATION CITY OR TOW

750. DATE REC'D. BY REGISTRAR 350 REGISTRAR'S SIGNATURE

DEC 1 5 1986



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

YGIENE	3	6	3	5	1	73

20	20	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0			
.7		CEASED NAME FIRST		MIDOLE	i	AST		MONTH DAY	YEAR	2b. HOU	R
	{TYPE	OR PRINT!	1-2-48-ah		12-18-86 11:00%			. P.			
	3. SEX	GERTKUD	4. RACE	680	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIR		JNDER I YEAR	IF UNDER	
	7	,			MONTH	OAY YEAR	7,02		THS DAYS	HOURS	MIN.
	1	remale!		15/An		-9-08	75	YRS.	100		
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COU	NTRY? 8.	D NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	DEATH		
7		IOWAI	U:	5 A	WIDOWE		Montgomer	y Count	У		MD.
1	10 CI	TY OR TOWN OF DEATH			NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINE	SSOR
	-	Herron Md	MANCE	or C		UheATON	Economic	_	LOOU	eau	nent
1	USU/ 13a, S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY O	E BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	200	29	901
/		De -		11145/	hINGTON	YES NO		611017		76.	N. S.
		THER'S NAME		10/13/	1700100	15 MOTHER'S MAIDEN NA		1701777	10	70.	
11		FIRST	MIDDLE	A LA	AST	FIRST	MIOOLE		LAS	ar .	
1		HERMAN	K 6	KONB	seen	CHRISTING	A LS	AGER			
-		VAS DECEASED EVER IN U.S. AR	MED FORCES?		L SECURITY NO.	17 INFORMANT	ADDR	Ame	s, Ior	wа	
5		No.		578-	60-3604	Mr Roy E	Housen	1327 M			٥
		18. CAUSE OF DEATH (Enter or	nly one cause pe	line for (a),	(b), ond (c).)				BETWEEN	MATE INTER	VAL
		PART I. DE ATH WAS CAUSE	D BY:	CALVI		THE BIRETA	ST	-	4 V	RS	
		IMMEDIA	TE CAUSE (a)	411000		1116					
		0.00	DUE TO, C	R AS A CON	SEQUENCE OF						
		Canditions, if any, which gove rise to immediate	(p)								
		couse (a), stating the	DUE TO, O	R AS A CON	ISEQUENCE OF						
		underlying cause last.	((c)								
		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	o c	
	o S										
1	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W			
7	Ĕ						YES T NOT	IN CERTIFYIN	_	OF DEAT	
1	E	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME C)F IN IURY		21c HOW INJURY OCCURE				110	
1		OR CONTRIBUTING CAUSE OF DE	1 110110 4		H DAY YEAR	The root was an occord	TENTER MATORE OF 11430	KI NA NEM 10 PARI	I ON FART 27		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19						
	B	21d. INJURY OCCURRED		OF INJURY	OFFICE, FARM ETC.)	211 LOCATION STREET	- CITY OR TO	IWN	COUNTY	S	TATE
	2	AT WORK NOT WHILE	,	ACCI, FACTORI,	orrice, ramine ere y						
		220.1 certify that (I) (this because	tel) ottended ti	ne deceased	from An	NOV 1986	10 18 DE	- 6 19	86	that (I) (v	last
		saw the deceased alive an	1608		19.86 a	nd that in (my) (apinian	deoth accurred on the d	ate and hour ar	nd from the	causes sto	oted
		above, (I) () (did (did no	it) view the body	after death.		DEGREE			22c DATE		
		116112	10%	-/h.	10	ATTENDING	MEDICAL STA	FF		ec	8-6
1		wow i	100	7 100	/ /	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	JIAN 🗌	100	2 6-	00
		22d. PHYSICIAN'S NAME (TYPE		om /1	ND	THE ADDRESS		014			N
		WHUERE	- G00	M	171	2309 SHORE,	FIBU) RI	WHE	14701	NA	10
		BURIAL, CREMATION, REMOVAL	23b. DATE		23¢ NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		OHINT		7.475
		Removal	12-12	3-86			CITORIOWN	C	OUNTY	5	TATE

DHMH - 16 60M 7/84

(VRA 15, 4)

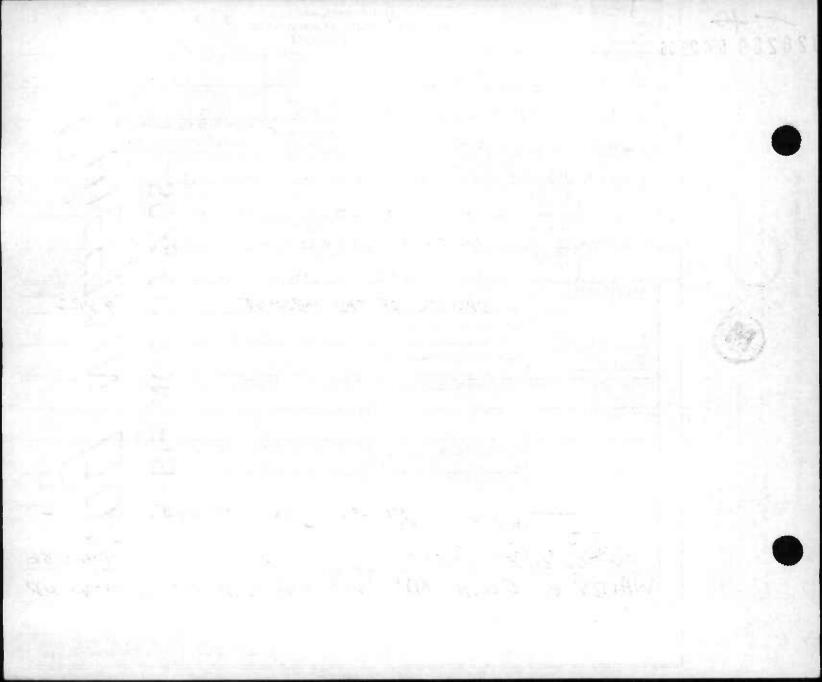
FRAI DIRECTOR

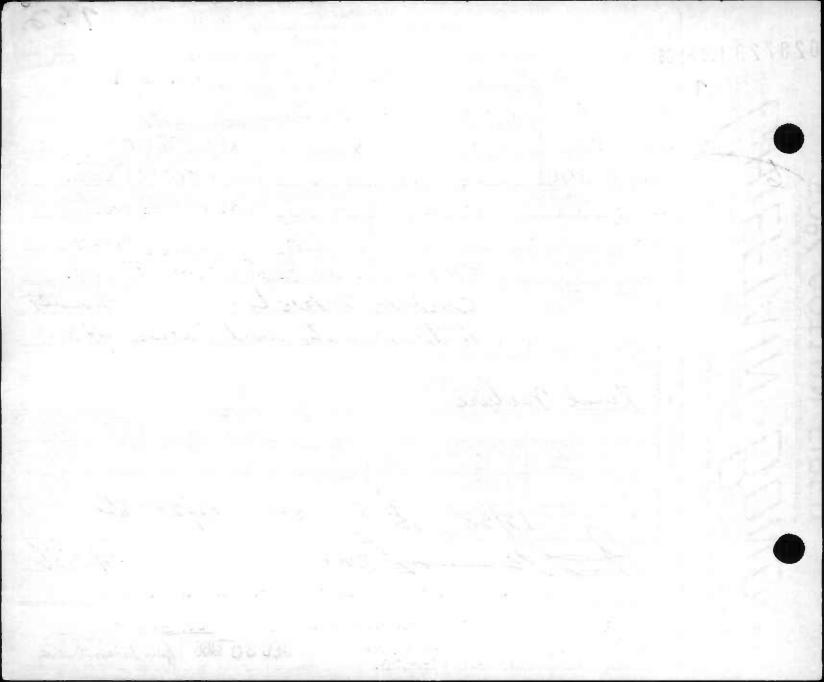
24. FUNERAL DIRECTOR

Anatomy Board

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
UEU 23 1986 Julia Decider Rindale





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CERTIFICATION

MEDICAL

deoth

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STATE OF MARYLAND

LAST

MONTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEA

MARRIED NEVER MA

F DEATH	REG. NO.				
lmino	20. DATE OF DEATH MONTH	19	86	12:	JR 30
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
97	89 yrs.	MONTHS	DAYS	HOURS	MIN.
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
DIVORCED	Montagmer		М		

(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewiffe

13e.STREET ADDRESS / ZIP CODE

ADDRESS

10 Kom	a Park!	WASHINGTON	Adventist
SHAL RESID	ENCE HENURSING MOM	E OR OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION

MIDDLE

CAUSE OF DEATH (Enter only one cause per Impe for (a), (b), and (c).)

4. RACE

white

7b. CITIZEN OF WHAT COUNTRY?

. A.

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

15 MOTHER'S MAIDEN NAME MIDDLE Angela

Bellia

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

17b. KIND OF BUSINESS OR

INDUSTRY

Salvatore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

(STATE OF FOREIGN

Italy

10. CITY OR TOWN OF DEATH

16b. SOCIAL SECURITY NO.

Asero

LAST

17 INFORMANT (daughter) Celentano

(same

Conditions, if any, which gave rise to immediate cause (a), stating

underlying couse

FOR - STATE

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

M. BIRTHPLACE

COUNTRY)

130. STATE

FATHER'S NAME

3. SEX

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO

20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70g AUTOPSY

190 DATE OF OPERATION

71b. TIME OF INJURY YEAR MONTH DAY

IN CERTIFYING CAUSES OF DEATH? NOF YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated

Suitland

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

HOUR A.M. P.M

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION CITY OR TOWN STREET

STATE COUNTY

sow the deceased alive on abave, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE

DEGREE

Cedar Hill Cemetery

ATTENDING 1 /MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN STATE

BP

peu

24 FUNERAL DIRECTOR HinesyRinaldi Funeral Home (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Buria1

12-22-1986

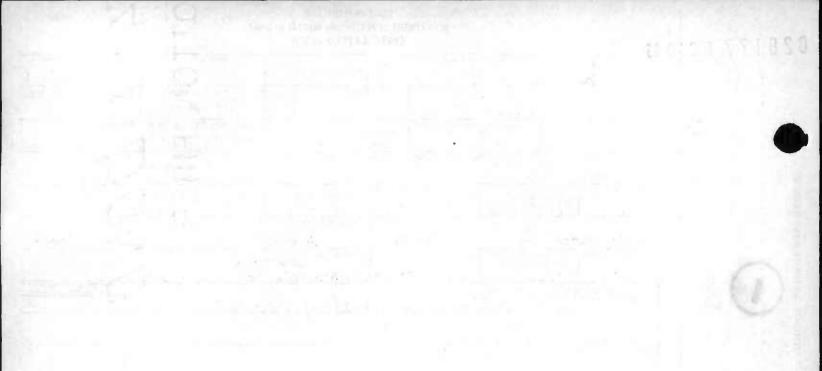
23b. DATE

Silver Spring, Md.

Pr. Georges

Md. PATE REC'D. BY REGISTRAP 25 PEGISTRAP'S SIGNATURE

DHMH - 16 60M 7/84



Washington. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

8 Wec 8 6

2h HOUR

12b. KIND OF BUSINESS

Whittier

23a. BURIAL, CREMATION, REMOVAL

Removal

23b. DATE

74 FUNERAL DIRECTOR Columbia Mortuary RessServices

225 Missouri Ave, NW Washington, DC 20011166

Georgetown Med

Schbol

THE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

3 2 3 DE	1	FOS STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6 3	3 / 5 3
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR pm
* C	1	Wayne	D.	Hackett	December 9, 19	986 7:10 M
8	3. SE	Maria de la compansión de	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
A STATE		Male	Caucasian	December 5,1902	84 YRS	
26 10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MANDED IN NEVED MADDIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
5/8/	-	nnsylvania	United States	WIDOWED DIVORCED	Montgomery Co	
90	1	nsington	NAME OF HOSPITAL, NURSIN (IE NOT IN SUCH FACILITY, GIVE STREET A Kensington Ga	G HOME OR OTHER INSTITUTION ADDRESS) Nursing rdens Home	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Electrician	126 KIND OF BUSINESS OR INDUSTRY Electrical
73	3a :	STATE 13b COUN	other institution, give residence before NTY 13t. CITY OR TOWI	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 2227 Hemlock	Drive//15132
123	13 E	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	TAST
(8/6	1	David	A. Hacket	t Nancy		Stevick
Supplicol 3		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO N/A	E WAR OR DATES)	1876 Donna O. M	3	Stratton Dr
funding physics corton paper iv. or remond ournal corent, th		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which	ly one cause per line far Io), (b) and DBY: E CAUSE (o) DUE IO, OR AS A CONSEQUE	dis-respie.	arrest	APPROXIMATE NITERVAL BETWEEN ONSET AND DEATH
ol, cremu		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF weelinged anter	esolusis	10-ege
or to burn	TION	PART 7. OTHER SIGNIFICANT C	- Chrone	Boudists of A	INAL DISEASE OF CONDITION GIVE	yslysma:
To be a	CERTIFICATION	1% DATE OF OPERATION		OPERATION WAS PERFORMED U	YES NOW YES	P. Rand
ortron maithy		214. ACCEPTING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA OF EITHER MOTEY MEDICAL EXAMPLE	The state of the s	Y YEAR 19	RED. (THITTE NATURE OF HILLEY IN ITEM IS FO	MT (CR PART 2)
hedor	MEDICAL	THE INJURY OCCURRED WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	7H LOCATION	City Oil fawly	county state
for use of Health		22a 1 certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no	tol) attended the deceased from	2 10, 19 80 6, and that in (my) (aur) apinion	death occurred on the date and haur	ond from the causes stated
detached forte Dept		226. SIGNATURE	h mur		MEDICAL STAFF DIRECTOR PHYSICIAN	December 10
A TA		22d. PHYSICIAN'S NAME (TYPE O	/ /	22e ADDRESS	Mill De-7	1
6 # 4 /	1	Stephen N. 3	ones, M.D.	1809 Viers	Mill Road, Rod	ckville, MD

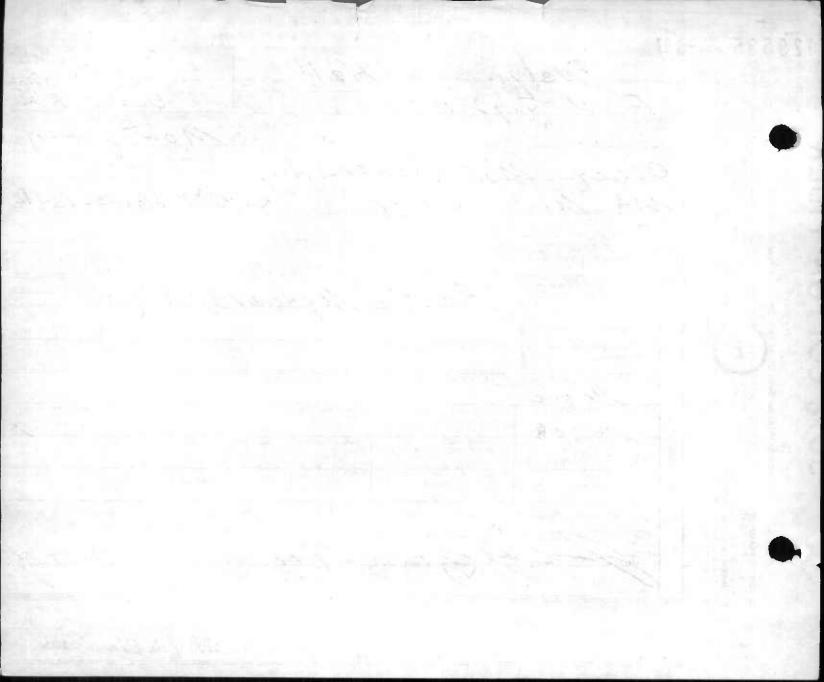
NH - 16 80M 7/84 (VRA 15, 4)

3 5 / 5 5

13, 1986 Mt Vernon Cemetery Mt Vernon Pennsylvania

14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Hones DEC 15 1986 Fulls Director Robert Ave, Rockville, MD

7		FOR		DEPARTMENT OF	HEALTH	AND MENTAL HYGI	ENE O	5 5 / 5 0
DEDE IN		STATE REGISTRAR	N	NEDICAL EXAMIN	ER'S C	ERTIFICATE OF D	EATH REG N	10.
3030 JAW =		EASED NAME FIRST	4	WIEDLE	1	LAST	20 DATE KNOWN	MONTH DAY YEAR 26 HOUS
20 al et 20 et	(TYP	E OR PRINT)	3/Wn	Martin	4	2.//	OF ESTI- DEATH MATED [Des 2018 1 XI
ROLLEGE	3. SEX	4. RACE	S. DATE OF BIR			DER I YR. IF UNDER 24 H		MONTH DAY, YEAR 24 HEAV
N 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		F W	MONTH DI	2-3 17 LAST BIRTHD.	The state of the s	SI DAYS HOURS MIN	PRONOUNCED DEAD	0 c 20 10 05 2 1
- 34-14 C		RTHPLACE (STATE OR	76. CITIZEN OF	WHAT COUNTRY?	18	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日		REIGH COUNTRY) V YORK, N.Y.	United	States	WIDOWI		11.00	V 6 GY () m E YY W
ZES SEE		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME		R INSTITUTION 120.	USUAL OCCUPATION (TY	PE OF WORL 126 KIND OF BUSINESS
₹58₹80 7	1 6	3/4-4	I IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS)	LCV	2/ /1000	Housewife	or industry at home
BEN SE	USUA			, GIVERESIDENCE BEFORE ADMISSI	ON)			20906
SE SANTON	13a S	TATE 13b. COU	NTY	134 SITY OR TOWN	Doub.	13d. INSIDE CITY LIMITS 13e	STREET ADDRESS	france very Pd
0 # NO. 12	14 F/	THER'S NAME	~ o	0 / 1.0 / 9		15. MOTHER'S MAIDEN N	AME	101100111111111111111111111111111111111
# #- 808		Alexander	WIDDLE	Martin		FIRST	MIDDLE	LAST
808	160. V	VAS DECEASED EVER IN U.S. A	RMED EODCES?	16b. SOCIAL SECURIT	Y NO	Mary 17. INFORMANT	ADDRES	Rauhala
ME SECOND	(Y		E WAR OR DATES)	139-03-016			Wa	v.Rockville.MD2085
A ASPERS	_)	Vanita H.Jor	nes (Daughter	110917-Wickshire
MIN WAY		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	ED BY:	line to (o), (b), and (c).)		11.1	111.1	BETWEEN ONSET AND DEATH
A PER PER OF		IMMEDI	ATE CAUSE (0)	OR AS A CONSEQUENCE	05	Myour	11121	
ES SESSES		Conditions, if any, which		OK AS A CONSEGUENCE	J.			100 17 17
T C C B A A B B		gove rise to immedio couse (a) stating the unde		OR AS A CONSEQUENCE	05			
E SEE		lying couse lost.	DOE TO,	OK AS A CONSEQUENCE	Jr			
		PART 2 OTHER SIGNIFICANT CONDITION	(c)	ATH BUT NOT BELATED TO THE TERM	NA OICEACE	OR CONOLLIAN CHIEF IN DARK I		
ECORDS D BE EVENDING MEDICAL SALTH AN CREMATI	z	TAKE 2 OF THE STORMER SHOWN	CONTRIBUTING TO DE	ATT BUT NOT RELATED TO THE TERM	IMAL DISEASE	OK CONDITION GIVEN IN PART 1 10	F).	
DIVISION OF VITAL RECOR	CERTIFICATION	19g. DATE OF OPERATION	19h CON	NDITION FOR WHICH OPER	ATION W	AS PERFORMED?		20. AUTOPSY?
TALR HOULD USED OF HE	15				,			1
CERTIFICATE SH IZITING THE WOR EDED TO THE CH ES STANOULD BE E ES STANOULD BE E ES STANOULD BE E ES STANOULD BE E ES STANOULD BE ES STANOULD BE ESTANOULD BE ESTA	E	21a. EXTERNAL CAUSE WAS	21b. TIME	OF INJURY	71r HC	OW INJURY OCCURRED (EF	NTER NATURE OF INJURY IN ITEM I	YES NO
SION OF RTIFICATE NG THE W SHOULD PARTMEI POR TO	10	UNDERLYING OR	HOUR	A.M. MONTH DAY YEAR	₹	W WOOK OCCORNED (2)		
SHE STON	MEDICAL	CONTRIBUTING CAUSE O		P.M. 19 CE OF INJURY (AT HOME.	211. LOC	ATION		
DIVISION SECTION OF STATE OF S	ME	WHILE NOT WHILE		FACTORY, FARM, ETC.)		TREET	CITY OR TOWN	COUNTY STATE
WAN WA		AT WORK AT WORK				7	2	
L EXAMINER: E CERTIFICATE DULD BE FORE H, WITH THE S MARYLAND,	-	22a I certify that I took cho	rge of the remains	described above, held on	Autops	y . Inspection	□ Inquiry □, □ c	and in my opinion
= F		death resulted from:	urol couses ,	Accident . Su	icide 🔲,	, Homicide Li, Ui	ndetermined monner	,
A WIE BY		ACTUAL /	$\supset M$			TITLE (SPECIFY)		DITE OF A STATE
MEDICAL EXAMI ECUTE THE CERTIF IGE 4 SHOULD BE FUNERAL DIREC FEADEATH, WITH		SIGNATURE	1	De	M.	D. 1 6-8	MEDICAL EXAMINER	SIGNED/COLD / PS
New Section	1	EXAMINER'S NAME JOHN	S. Rogers	S YMPS		1919-Sen	ninary Pd S	ilver Spring,MD
TO M PAGE TO PL BALTER						ADDRESS		river opring, mo
5X45A4	1 (1	URIAL, CREMATION, REMOVAL		23c. NAME OF CE			d. LOCATION CITY OR TOWN	COUNTY STATE
07/84 BP		emation	12-26-1	986 Lee's Ci	remato			strict of Columbia
DHMH - 17		UNERAL DIRECTOR	ADDI	RESS		250. DATE REC'T	1 1086	Davidson Randalls
(VR A15 ME (5))	J.	Wm.Lee's Sons	Co.300-41	th St., NE, Was	sh.,DO	220002	1 1000 gale	Margrey Kongress



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	3	5	70	5	7	
10.					1	

	TEO TOTAL							REG. N	0.		
	OR PRINT	FIRST	N	AIDDIE		AST	2	DATE OF DEATH		DAY YEAR	26 HOUR
		Mary		В.	H	lall		Dec. 1	0, 19	86	9,40 8
1.5			4 RACE		5 DATE C			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
L	Female		White		July	16, 1907 YEAR		79	YRS	MONTHS	HOURS MIN.
70	BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9	BALTIMORE CITY	R COUNT	Y OF DEATH	
Pe	ennsylva	nia	U.S.	A •	WIDOWE			Montgome	ry (County	MD.
0.0	CITY OR TOWN OF	DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION		20 USUAL OCCUPAT	ION	12b KIND C	F BUSINESS OR
Ł	Bethesda			rban Ho		al	1	Retired CI	erk	(FE) INDUSTRY	I.H.
130	UAL RESIDENCE (# N	13b_COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMI	TS2 13	Be STREET ADDRESS	/ ZIP COD) 2	08111
I	Maryland	Mor	ntgomery	Betheso		YES X NO	10	0613 Weym	outh	St. #102	1
717	FATHER'S NAME		MIDDLE	IAST		15 MOTHER'S MAIDE		MIDDLE		141	
1	Geor	ge	WIDDIL.	Burhen	ın	Lydia	l	WIDDLE		Snitehur	st
160	WAS DECEASED EV	ERINUS AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDR			
	No or unknown)	tin tes, Giv	E WAR OR DATES!	152-12-62	297 (Charles E.	Hall	same as 1.	3 e		
	18 CAUSE OF DE	ATH (Enter on	ly one cause per	line for iai, (b), and	dicti					APPROX 8ETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH			line for iai, (b), and	ac.	Angest	6				
		IMMEDIAI	E CAUSE (a)	- Wyor							
1			DUE TO, OR	AS A CONSEQUE	NCE OF						
	Canditions, if a		(d)	Harry							
	cause (a), sta	oting the	DUE TO, OR	AS A CONSEQUE	NCE OF						
	underlying ca	use last.	((c)								
-	PART 2 OTHER S	IGNIFICANI C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN		DITION GI	IVEN IN PART 1	a
١٥	Ostlow	son	Tem	ners	Vaces	a Org	An	re snow -	Laya	Clone	2
18	190. DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YE	S, WERE FINDIT	OF DEATH?
CERTIFICATION	CONTRACTOR OF THE PARTY OF THE							YES NO		ES	NO [
CER L	21a. ACCIDENT WAS				VEAD.	21c HOW INJURY OF	CCURRED	ENTER NATURE OF INJU	RY IN ITEM 18	PART : OR PART 2)	
¥	OR CONTRIBUTING		114	M. MONTH DA	AY YEAR						
MEDICAL	21d INJURY OCC		21e PLACE C		19	21f LOCATION					
A.	WHIE NOT	WHILE WORK		EET, FACTORY, OFFICE F	ARM ETC)	STREET		CITY OR TO	NWN	COUNTY	STATE
		- 4	1		111	1	0.7	. 2./			
	22a I certify that		1/~	-	36	. 19	70	, to		. 19	that (1) we) last
	abave, (1) we	illed alveron	iew the bady		, on	id that in (my) (aur) op	inion dec	oth occurred on the d	ate and ha	ur and fram the	causes stoted
	22% SIGNATURE	. ~			I	DEGREE		,		22c. DATE	
	Person	and	Them	ally po	Sharts.	ATTENDII PHYSICI	NG AN IV	MEDICAL STAR DIRECTOR ☐ PHYSIC	FF CIAN [121	10/36
1	226 PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS	1 1	2015-601	2150	4 0111	_
	POUFL	95 R	5 HU	MAKER	100	615 4	du	HE A	. 0	2086	-5
230	BURIAL, CREMATIO	N PEMOVAL	23b. DATE			EMETERY OR CREMATO	ORY ORY	23d LOCATION		2000	
2.50	Burial	AL MOVAL	12/13/		_	Heights Ce			ontow	n COUNTY nne	sylvania
24					-	-		ECID BY DECISION	JILLOW	u, roull	Jy I valita
24	NAME YSOI	n Whee	eler Fu	nerades, L	lome,	Inc. 20852	O. DAIR	EC'D BY REGISTRAR	256. REGIS	TRAR'S STONAL	PEG lass
	1331 Roc	kville	Pike	Rockvil	Lle,	Md. 2080	2	FO 1 0 1900	1		

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND **CERTIFICATE OF DEATH**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	D.		
1	I. DECEASED NAME FE	RST	MIDDLE	l.	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
Н		LTON	GEORGE	НА	I.IIR	DECEMBER	16,	1986	12:45P M
1	3 SEX	4 RACE		5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAY	AR IF UNDER 24 HRS
1	MALE	T	VHITE	APRI	L = 26, 1947	39	YRS	MONTHS DAY	S HOURS MIN.
a	70. BIRTHPLACE STATE OR FORE	GN 76. CITIZEN O	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
1	Texas	US	SA	WIDOWE		MONTGOMER	Y CO	UNTY	MD.
/	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		126. KIND	OF BUSINESS OR
ė	BETHESDA		THE CLINIC		NTER	Accounts M		111111111111111111111111111111111111111	Info Assoc
3	USUAL RESIDENCE (IF NURSING	DME OR OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		44.00	1 1 1 1 1 1 1 1 1
2	VIRGINIA		RESTO	N	YES 🔀 NO 🗌	11027 BEAC	ONTR	EE LAKE	E/DR / 2/209
	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1	LAST
7	SHELTON		HALL	SR.		B. Wilson			
7	WAS DECEASED EVER IN U	J.S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		VICTORIA,
2	no	TES, OTTE TRACOR DATES	453-78-0	0003	SHELTON HALL	SR. 111 W	ESTW	OOD DR.	TEXAS
	18 CAUSE OF DEATH	nter anly ane cause p	er line far (a), (b), an	d (c).)				APPR- BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY. MEDIATE CAUSE (a)_	CEREBRAL	EDEMA	- ETIOLOGY U	NDETERMINED		4	DAYS
	PART 2 OTHER SIGNIFIC	the DUE TO, (c)	or as a conseque ACQUIRED	ENCE OF	CELL LYMPHOMA E DEFICIENCY NOT RELATED TO THE TERM	SYNDROME	DITION G	4	MONTHS lia
1	194 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES X NO	IN CERT	ES, WERE FINI TIFYING CAUS YES []	DINGS USED ES OF DEATH? NO
3	210. ACCIDENT WAS UNDERLY		OF INJURY	AY YEAR	21c HOW INJURY OCCURE		Y IN ITEM 18	PART I OR PART ?	1)
7	OR CONTRIBUTING CAUS	E OF DEATH	P.M.	19					
	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E	LAT HOME S	E OF INJURY street, factory, office, f	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) (thi	s haspital) attended	the deceased Iram N	OVEMB	ER 28, 19 86	to_DECEMBE			_, that (h (we) last
	new the deceased of	DECEMBI View the boo	ER 16, 19 8	36, ar	nd that in XxX) (aur) apınian (death accurred an the do	ite and ho	our and from t	he causes stated
Ш	726. SIGNATURE	I VIEW THE BUIL	Λ		DEGREE				TE SIGNED
Щ	Destut 6	nom	& un O		ATTENDING PHYSICIAN	MEDICAL STAF	FIAND	10	2-16-86
	2d. PHYSICIAN'S NAME	(TYPE OR PRINT)	9		Tan ADDDESS	NAL INSTITU		OF HEAT	тн. 9000
	ROBERTE	FROMM.	TR. MI	0	ROCKVILLE PI				
	230 BURIAL, CREMATION, REA (SPECIFY) Crematio	n 23b. DATE n 12-17	7–86 Z3c.N	ee s	EMETERY OR CREMATORY Crematory	23d LOCATION CITY OR TOWN Washin		COUNTY	D.C. STATE
	24 FUNERAL DIRECTORMar	shall's Fu	neral Hom	e O.C.		E REC'D. BY REGISTRAR		"THEOREM" A	ATURE

THE REAL PROPERTY OF THE PROPE

12. 11. 12 × 12. 14. 24

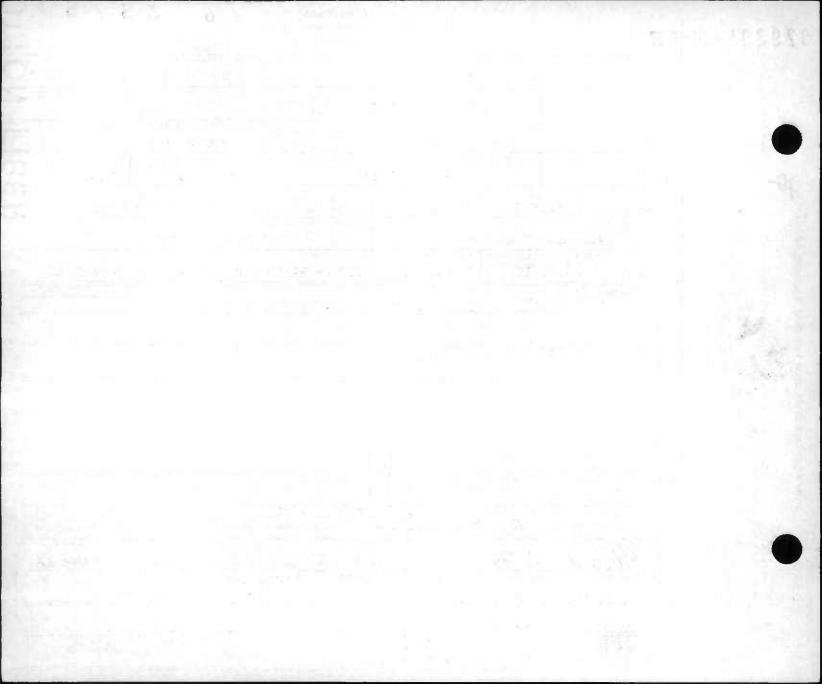
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JAN ·	8	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYD ICATE OF DEATH	GIENE REG. NO	0.		
		CEASED NAME OR PRINT)	FIRST		NA HANSON		AST		MONTH D	86	26. HOUR P
	3. SE	X		4. RACE		5. DATE O	F BIRTH	6 AGE LIN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	F	EMALE		CAUCAS	IAN	APRÏ	L 25°1909°	77	YRS.	MONTHS DAYS	HOURS MIN.
53	70. BI	RTHPLACE (STATE OR I	FOREIGN		WHAT COUNTRY?	8. MARRIEI WIDOWE	DI DIVORCED	9. BALTIMORE CITY O		OF DEATH	м
21	1	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET NAVAL H	IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE	E) INDUSTRY	P BUSINESS OF
	USU. 130. S VI	AL RESIDENCE (IF NURS STATE RGINIA	TAIR		GIVE RESIDENCE BEFORE 136. CITY OR TOW MCLEAN	ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS A	ZIP CODE		Egliginge
The wine	TALFA D	ATHER'S NAME FIRST CARL	GUST	AV HANS	ON		15. MOTHER'S MAIDEN NA FIRST CA	ME AROLINA JOHN	ISON	LAS	ī
dicol 3		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
		YES, NO OR UNKNOWN)	1942	-1958	573-32-0	0069	VICTOR HANSO	ON, RD #1, V	INTON	, IOWA	52349
ony injury, ar other traumate	ATION	Conditions, if any, gave rise to imm couse (0), stating underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA	mediate ng the last	DUE TO, OI		ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI		EN IN PART 110	
3	CERTIFICATION					OLKATIO		YE-X NO	IN CERTIFY	YING CAUSES	
or Item 18 sho		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	din.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART OR PART 2)	
morkedar	MEDICAL	21d. IN JURY OCCUR!	RK		EET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
21 is		220.1 certify that (1) saw the decease above, (1) (we) (c	ed olive on	DECEM.	BER 22 19 8		ER 3 , 19 86 d that in (my) (our) opinion	taDECEMBE			that (I) (we) la causes stated
TANT: # Hem		276. SIGNATURE	d	P. Fx			DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F IAN	271 DATE	Dec 86
IMPORTANT: II		22d. PHYSICIAN'S NA			HEND			AL HOSPITAL HESDA, MD 20	1814-50	011	
· ×	-	RUPIAL CREMATION	DE MOVAL	T MC		LAME OF C			JIT J	O.T.T.	
	230	Cremation,	nemoval n	12/27/			emetery or crematory	23d LOCATION CITY OR TOWN Washing TE REC'D BY REGISTRAN	gton,	D.C.	STATE

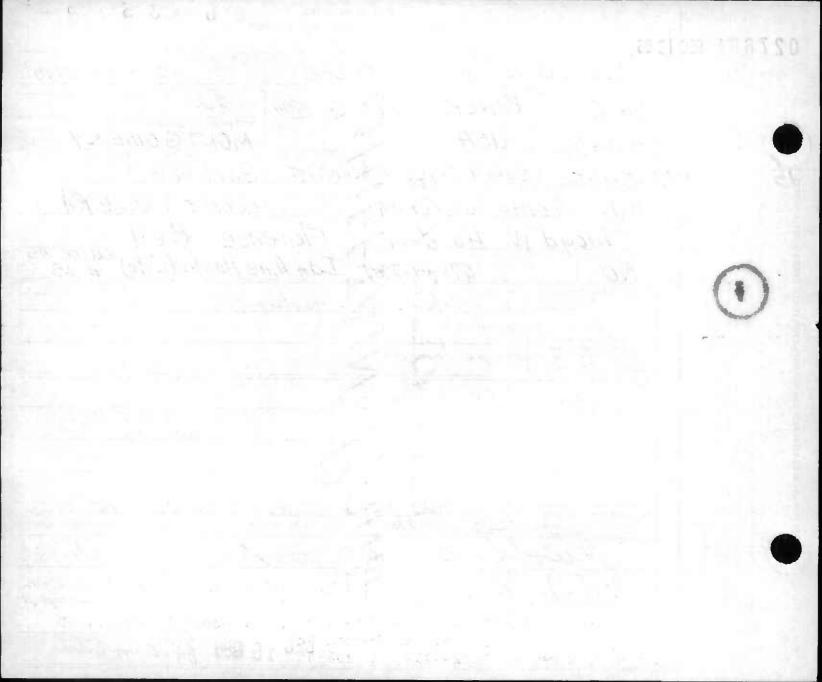


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7681 DEN	lo	FOR STATE 最高STRAR	DEP		EALTH AND MENTAL HYG	REG. NO)		
3 25		FASED NAME FIRST CHIPMENT LLEWELL	YN D.	H	AR DEN		DA P	y YEAR	26. HOUR 1710 M
pe 4 may retor, pag ruafter de	1. SE	MAIE	B/ACK	S. DATE O		6. AGE (IN YEARS LAST BIRTI		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
A Populario din	Te. Bi	KANSAS	6. CITIZEN OF WHAT COUNTY	MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	G OM	F DEATH	Y MD.
185	R	OCKVILLE	1. NAME OF HOSPITAL, N SHADY GR	STREET ADDRESSIA	DVENTIST	12a USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OR
24 hour	056. 13a. S	TATE 13b. GOUNT		E BEFORE ADMISSION) RYSON	13d. INSIDE CITY LIMITS? YES NO	30915 D	ZIP CODE	rods t	82842
molerely and 2 sh) 1	THER'S NAME FIRST WOULD	W. Har	den	15. MOTHER'S MAJDEN NA	ence middle &	3e11	LAS	Ť
/dca/		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL 578	SECURITY NO.	TOA M	re Harderi	Wife) say	ne as
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	pirate	ory factor	re	•	BETWEEN	MATE INTERVAL ONSET AND DEATH
by the atending are remove carb it, cremation, or re other traumatic		Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last	DUE TO, OR AS A CON	neun	ionia				
equires of the ple rate buries of milary, or	NOI	PART 2. OTHER SIGNIFICANT CO	onditions CONTRIBUTION		NOT RELATED TO THE TERM	AINAL DISEASE OR COND	OITION GIVE	N IN PART 10	1
ha law in has been prior	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
g physics g physics enticate mol trans mail thyg then 18 sh	10.50	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TB PAR	T I OR PART 2}	
ottendin the this southe but hand Mund Mund or I	MEDICAL	PILE INJURY OCCURRED WHILE MINIMUM IN WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, C		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
of Health		22a I certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did not	12/9	_ /	nd that in (my) (aur) apınian	death accurred on the do	ite and havi		that (I) (we) last causes stated
AL DIRECTOR AL DIRECTOR AL DIRECTOR AL DIRECTOR AT THE MEN		77h SIGNATURE	lf mo	V		MEDICAL STAP		224. DATE	10/86
D HOSPITA O FUNERA O FUN		22d. PHYSICIAN'S NAME TYPE OR MELLA da	Wolf		20528- 9t	rmanteen	Rd	gern	rantown
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 12-13-86	Rest	Haven Cem.	23d LOCATION CITY OF TOWN, Frederic			
DHMH - 16 60M 7/84 (VRA 15, 4)		eorge Rushow	A())	ORFSS	ngton St ^{254 DA} D 20850 1	5 1986	256. REGISTR	AR'S SIGNAT	URE



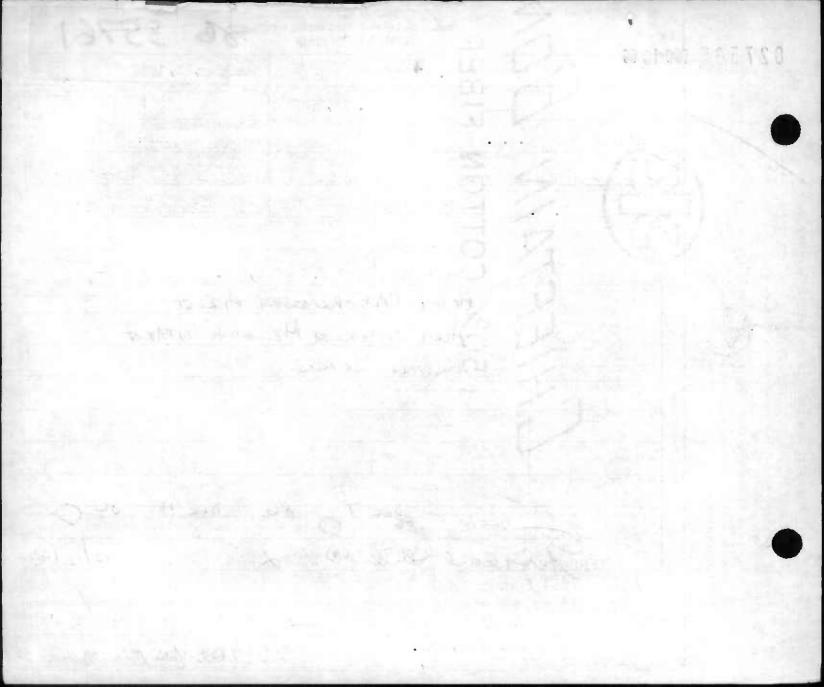
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENG

1	20.01			MIDDLE	CERTIFI	CATE OF DEATH	REG. N	10	
(1)	PE OR PRINT	FIRST HC	ortense		Harlo	W	December	11, 1986	EAR 26 HOUR
3. S	Female		RACE White		5. DATE OF	t. 14,1906	6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24
70.	Virgin		U.S.A.	WHAT COUNTRY?	MARRIED WIDOWED	XXNEVER MARRIED D	Prince (George's	ont
/ 1	city or town of	rk /	(IFNOT IN SUC Washing	gton Adve	address)	ROTHER INSTITUTION Hospital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Navy Excha	OF WORKING LIFE) INDU	ind of Business stry val Yard
13a Ma	STATE	P G	Y	13c. CITY OR TOW Temple H	lills	13d Inside City Limits? Yes XX NO [ZIP CODE don Avenue	20748
50	FATHER'S NAME FIRST		еон Т.	Gilb	ert	15 MOTHER'S MAIDEN NA Lena FIRST	MIDDLE	× Dur	rer
20	WAS DECEASED I EYES NO OR UNKNOW	(IF YES, GIVE N/A	WAR OR DATES)	166 SOCIAL SECU 577-50-9	112	Carl C. Harl		ame as 13	A-E
ather leaving it pre-	Canditians, if gove rise to couse (a),	immediate	DUE TO, O	R AS A PONSEOUI R AS A PONSEOUI POSS/	ENCE OF	TERIOR MY SERIUS.			
NO.		SIGNIFICANT CO	ONDITIONS CO			NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN IN PA	ART Ha
= ≥			196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
Daws any ii	19a DATE OF O	PERATION					YES NO	YES [NO []
CAL CERTIFICATION	OD CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATI	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR		YES [NO []
orked or Item 18 shows any in MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATI	HOUR A. P. 21e PLACE	M. MONTH D.	19	21c HOW INJURY OCCUR 21f LOCATION STREET		YESURY IN ITEM 18 PART I OR PA	NO [
	OR CONTRIBUTION (IF EITHER, NOTIF 21d. INJURY OC WHILE AT WORK 22a. Certify th sow the de above, (I);	AS UNDERLYING G CAUSE OF DEATH I'V MEDICAL EXAMINER) CURRED NOT WHILE AT WORK at (1) (this hospite eccessed alive on- we) (did foil not)	HOUR A. P. 210 PLACE (AT HOME STR	M. MONTH D. M. OF INJURY REET FACTORY, OFFICE, F	FARM ETC	71f LOCATION STREET	RED (ENTER NATURE OF INJ	VES UNTITEM 18 PART I ORPA	NO NTY STA that (I) we m the causes state
If them 21 is marked or them 1	OR CONTRIBUTION (IF EITHER NOTIF 21d INJURY OC WHILE AT WORK 22a certify th sow the de	AS UNDERLYING GENERAL CAUSE OF DEATH TO MEDICAL EXAMINER) CCURRED NOT WHILE AT WORK AT	H HOUR A. P. 21e PLACE (AT HOME STR view the body	M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, F. the deceased from a control of the death.	FARM ETC	21f LOCATION STREET	CITY OF T	VES UNTIL IN TIEM 18 PART ORPA	NO
IMPORTANT: If them 21 is marked or them.	OR CONTRIBUTING (IF EITHER NOTIF) 21d INJURY OC WHITE AT WORK 22d I certify th saw the de above, (I) (27b. SIGNATUR	AS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER) CURRED NOT WHILE AT WORK AT WORK AT WORK TO (I) (this hospite eccessed alive one we) (did rdid not) RE TERENCE J'S NAMY J'VE OR J'S NAMY J'VE OR	H HOUR A. P. 21e PLACE (AT HOME STE view the body PRINT)	M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, F se deceased from after death. THE LEASE TO SERVICE STREET TO SERVICE STREET	19 FARM ETC HATE	71f LOCATION STREET 198 1 that in (myl bur) apinian EGREE ATTENDING PHYSICIAN	CITY OF T	OWN COUNTY IN 11EM 18 PART I ORPA	NO NTY STA that (I) we m the causes state



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DEC NO

		EASID NAME	FIRST		AIDDLE		AST	1	DATE OF DEA	TH MONTH	DAY YE	AR 2b	HOUR	_
91		ma	Laur	wite (Peggy)	J. H	arper			12		W	040	2 M
,	3. 58.X	Timele ATHPLACE (STATE ORF	. 0	Caucas		5. DATE C	Z7	EAR 16	70 BALTIMORE CI	YRS		DAYS HO	JNDER 24 HI	15. N.
4	_	ISSISSIPPI TY OR TOWN OF DEA		United	State	S MARRIE	D NEVER MARR DIVORC	ED XX	Mon-		2b Kit	ND OF BL) JSINESS (MD. OR
4	Te	setherd a	الم	Suntre	00001	100	tal		Salespe	rson .	Re	al E	state	2
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1		Hardee	Ri	chard		gomery	15. MOTHER'S MAI Eulah	DEN NAME	MID		Max	we11		
1		AS DECEASED EVER ES NOOR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		28-228	Patricia	н. Сс		me as f				
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2	CERTIFICATION	10 8 86	TION	196 COND	TION FOR WE	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CER	YES, WERE FI TIFYING CAI YES	USES OF		
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/		220.1 certify that (I) saw the decease above (I) (we) (c The SIGNATURE THE PHYSICIAN'S N.	(this hospited alive and did) (did no	12/2	ofter death.		DEGREE ATTEN PHYS 22e ADDRESS	IDING ICIAN D	MEDICAL ORECTOR PI	STAFF HYSICIAN [n the cou	-	
		URIAL, CREMATION,	REMOVAL	Dec. 4			CEMETERY OR CREM		23d LOCATION CITY OR TO	MM	COUNTY	1n M	STATE	
	24 FU A.	Remova JNERAL DIRECTOR I 7557 Wisc	Robert	A. Pun	phrey	Funeral	Homes, P.			TRAR 256 REG		NATURE		

DHMH - 16 60M 7/84 (VRA 15, 4)

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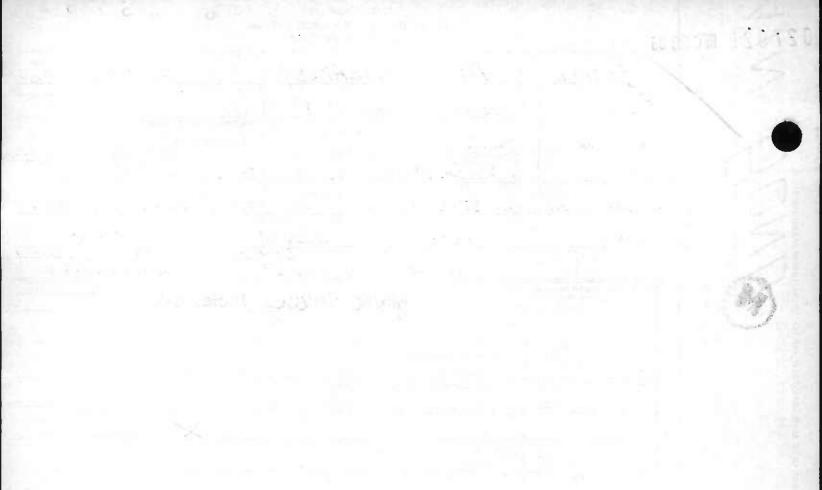
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 2b HOUR 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 22 1913 Female April Caucasian 73 . BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Montgomery Pennsulvania DIVORCED WIDOWED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Natice Atolls 15 Exerce Foundation Washington Adventist Hospital Exec. Secretary Takoma Park USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY 130. STREET ADDRESS / ZIP CODE 9218 Glenville Rd. Maryland Montaomeru Silver Spring 20901 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elizabeth MIDDLE Sykora Matta George ADDRESS 3800 Pickran Circle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT daughter Durham, N.C. 27705 217-44-0151 Sandra H. Ladd 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). gantric concer metastatic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased fram , and that in (my) (aur) apinian death accurred an the date and have and fram the causes stated (did) (did nat) view the bady after death DEGREE ATTENDING! STAFF 230 BURIAL CREMITION REMOVAL 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Ft. Lincoln Cemetery Brentwood Prince Georges Md.

14. 250 PATE REC D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE Dec. 19. 1986 Burial 24. FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Francis J. Collinsones Jr. University Blvd. West. Silver Spring. DEC 22 1986



्वर तिवा विकास

DEC 2.2, 1983. July 17 June Harring

23a. BURIAL, CREMATION, REMOVAL 23L NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE 12/29/86 Ft.Lincoln Burial Brentwood PG Md DEC 30 1980 Julia Dandon R 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Hines/Rinaldi 11800 New Hamp. Ave, S.S. Md. DEC 3 (VRA 15, 4)

2h HOUR

17h KIND OF BUSINESS OR

Own home

Landis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO DO

STATE

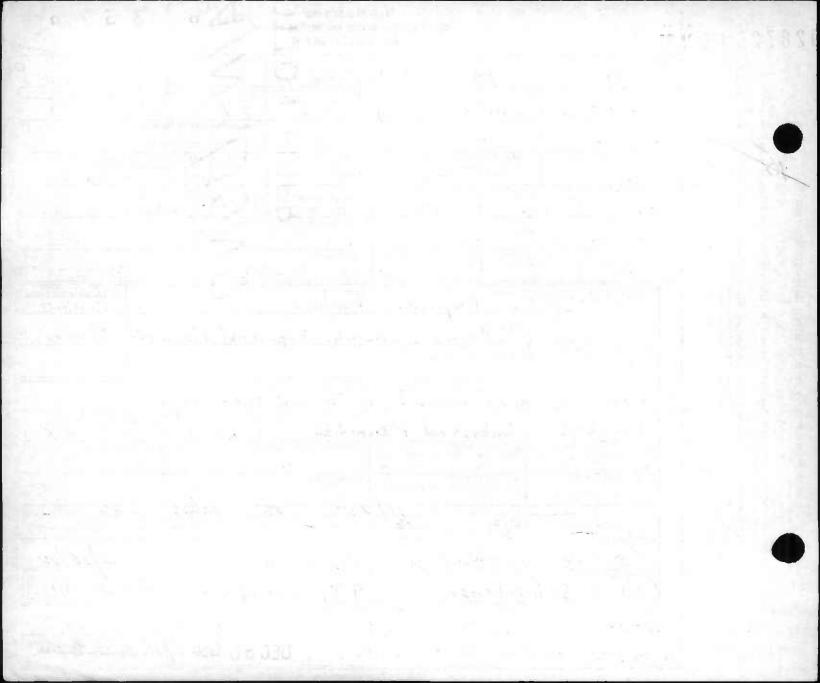
COUNTY

22c. DATE SIGNED

20904

DAY5

INDUSTRY



029139

filled in by the funeral director, page 3 of did be filed with the following and the death

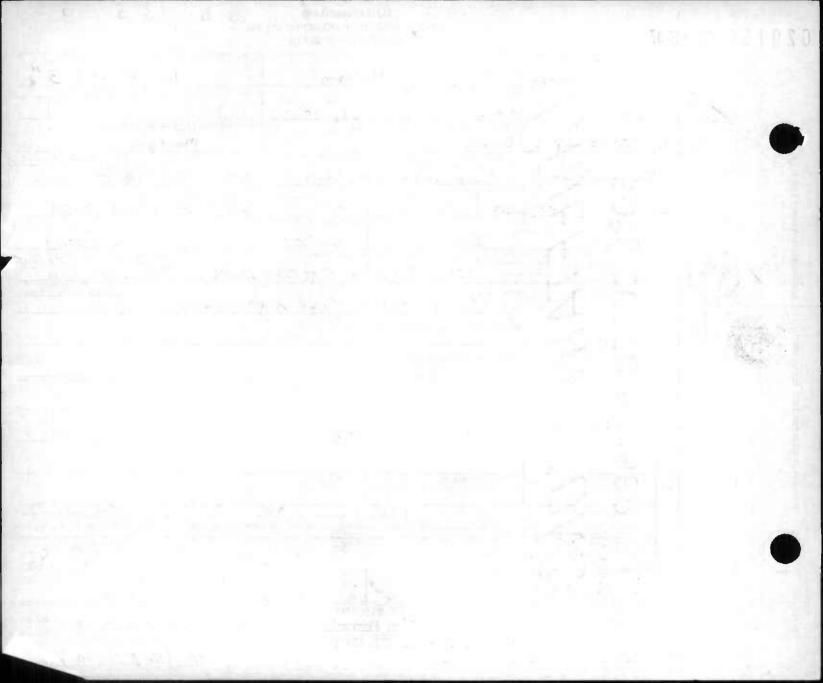
STATE OF MARYLAND

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	7STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. NO	O.			2.2
DEC	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
		Levis			H	elman		12	31	1986	3 A
3. SEX	<	4	RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	MONTH.	DER TYEAR	IF UNDER 24 HRS
N	Male		White	2	Tune		87	YRS		DATS	HOURS MIN
o. BIF	RTHPLACE (STATE C	OR FOREIGN 76		WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF D	EATH	
Aus	stria-Hun	gary	U.S.	A.	WIDOWE		me	ent q	owne.	ry	٨
10. CI	TY OR TOWN OF D	EATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI				
	Bethes	20	S	uburba		rospital	Business O	wner	(Ret	.) Mai	nufac.
USU A				GIVE RESIDENCE BEFOR	RE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CO	IDE .		
	ryland	Monta		Rockvill		YES X NO	6111 Montr			1 (20	852)
4. FA	THER'S NAME		DDLE	ŁAST		15. MOTHER'S MAIDEN NA	ME				
	Joseph	MI	_	Helman		Esther	WIDDIE		(1	Unkn	
	VAS DECEASED EV			166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADD	1 ^s lve	r Sr	oring	, Md.20
	(ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	174-28-4	1591A	Rosalyn Burk					
	18 CAUSE OF DE	ATH (Enter anly	ane cause pe	line for (o), (b), on	nd (c).1	ardial w	``		T		MATE INTERVAL
	Conditions, if or gave rise to it cause (a), sto underlying cou	mmediate oting the	(b) DUE TO, C	DR AS A CONSEQU	ENCE OF						
TIFICATION	gave rise to cause (a), sta underlying cou	mmediate the use last. GNIFICANT CO	DUE TO, CO	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF Y	res, wei	RE FINDIN	
DICAL CERTIFICATION	gave rise to couse (a), site underlying counderlying counderlying country and the country was a contribution (if either notify metals).	mmediate ting the use last. GNIFICANT CO RAJION RAJION UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	DUE TO, CO (c) (c) (d) (d) (d) (e) (e) (e) (e) (e	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WEI TIFYING YES 8 PART I C	RE FIND IN CAUSES	GS USED OF DEATH? NO
MEDICAL CERTIFICATION	gave rise to a cause (a), ste underlying course (a), ste underlying course (b) part 2 GHERSI 210. ACCIDENT WAS 10 OR CONTRIBUTING (IF EITHER NOTIFY M 21d INJURY OCCU	mmediate othing the buse last. GNIFICANT CO RAJION BLO UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) JERRED WHILE	DUE TO, CO (c)	ONTRIBUTING TO	DEATH BUT DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y IN CER	YES, WEI TIFYING YES 8 PART I C	RE FINDIN CAUSES	GS USED OF DEATH?
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MEDICAL	gave rise to a cause (a), sta underlying cot underlying cot 19a. DATE of OPEI CLOSE (I) AT WORK AT WOR	minediate of the pure of the p	DUE TO, CO (c) (c) (p) (DND) JIONS C (C) (DND) JIONS C (C) (S) (JOHN COND (S) (JO	ONTRIBUTING TO ONTRIBUTING TO OF WHICH CACUMA OF INJURY REET, FACTORY, OFFICE, re deceased from reter death.	DEATH BUT DEATH BUT	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS 2 1	200 AUTOPSY? YES NO CA RED (ENTER NATURE OF INJUI CITY OR TO CITY OR TO A CALL STAI DIRECTOR PHYSIC CO (3 CONS)	20b. IF Y IN CER IN CER WN ate and h	YES, WEITTIFYING YES B PARTIC C J. 19 Gaur and	RE FINDING CAUSES CAUSES OR PART 2) COUNTY If ram the c	GS USED OF DEATH? NO STATE
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MEDICAL	gave rise to a cause (a), ste underlying cot underlying cot 19a. DATE OF OPEI CLOSE (IF EITHER NOT AT WORK AT	MINE CONTROL EXAMINER WHILE C	DUE TO, CO (c) (c) (p) (DND) JIONS C (c) (p) (p) (p) (p) (p) (p) (p) (p) (p) (p	ONTRIBUTING TO ONTRIBUTING TO OF INJURY MONTH D OF INJURY REE1, FACTORY, OFFICE, of deceased from other death.	DEATH BUT DEATH BUT	N WAS PERFORMED 211. HOW INJURY OCCURI 211 LOCATION SIREET 19 10 11 12 12 12 12 12 12 12 12	200 AUTOPSY? YES NO CARRENATURE OF INJUI CITY OR TO CITY OR TO	20b. IF Y IN CER IN CER WN ate and h	VES, WEITIFYING YES 8 PARTIC 19 10 10 10 10 10 10 10 10 10 10	RE FINDING CAUSES COUNTY COUN	GS USED OF DEATH? NO STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove cartiwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or



STATE OF MARYLAND DEPARTMENT OF HEALTS AND MENTAL HYGIENE

OR TATE EGISTRAR			DEPARTA				٧٥.		1
ASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
PRINT)	Irene		М.	Her	nnen	Dec	. 29,	1986	1:45 Am
	4	RACE						IF UNDER I YEAR	
Female		Whit	e	Fet	5. 1, 1896	90	YRS		HOURS MIN.
NTRY)					-			TY OF DEATH	MD
		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		LITYPE OF WORK FOR MOST	OF WORKING	LIBER INDUSTRY	OF BUSINESS OR
RESIDENCE (IF N	136. COUNT	Υ	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1002 Far	ZIP CO	ven Dr./	20852
IER'S NAME FIRST Louis	м	C.	Fick		15. MOTHER'S MAIDEN NA PIRST Rose	AME MIDDLE		Gi	aser
S DECEASED EV NO OR UNKNOWN)				-	Inez Fleck,			s #13.	
gave rise la cause (a), str underlying ca	immediate ating the use last.	(c)_	al	nu	Schools NOT RELATED TO THE YERA	MINAL DISEASE OR COI	NDITION (GIVEN IN PART 1	(o)
						20a AUTOPSY?	20b. IF Y	YES, WERE FIND TIFYING CAUSE	INGS USED
R CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF IN)	URY IN ITEM I	B PART I OR PART 2)	
WHILE IN NO	T WHILE			ARM, ETC)	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
saw the dece above, (1) (we	eased alive on	/ KN	12/8/ 19	86.0	nd that in (my) (our) apinian	death accurred on the	date and h	19	, that (I) (we) last e causes stated
Pb. SIGNATURE	W Eny	Mer))		ATTENDING			22c DAT	/30/86
d. PHYSICIAN'S	NAME THE	Hinds			22e ADDRESS				
					916-19th St				
THE STATE OF THE S	TATE COST TRAN ASED NAME PRINT) Female IPLACE (STATE NITRY) OR TOWN OF I DESIDENCE (IF R E CONTROL CAUSE OF DE PART I. DEATH CONTROL CONT	TATE CASED NAME FRINT) Irene Female IPLACE (STATE OR FOREIGN 7) ISSOURI OR TOWN OF DEATH OCKVILE RESIDENCE (IF NURSING HOME OR CITY) ER'S NAME FIRST MOOR UNKNOWN) CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE CONTRIBUTION COUSE (1) ART 2 OTHER SIGNIFICANT COUSE (1) IN DATE OF OPERATION OR ACCIDENT WAS UNDERLYING THE INDERLYING COUSE (1) ART 2 OTHER SIGNIFICANT COUSE (1) IN DATE OF OPERATION OR ACCIDENT WAS UNDERLYING COUSE (1) RECONTRIBUTING CAUSE OF DEATH OF THE THER NOTIFY MEDICAL EXAMINER) IN JURY OCCURRED NOTIFY MEDICAL EXAMINER) ON I CERTIFY HOT (1) (HIN HOUSE) SOW the deceased driver and obove, (1) (we) (did (the light of the base) SOW the deceased driver and obove, (1) (we) (did (the light of the base) SIGNATURE	TATE COST TOWN OF DEATH TOWN TEST OR TOWN OF DEATH THE STATE OF FOREIGN TOWN OF DEATH TOWN TOW	TATE EGISTRAR ASED NAME FIRST ITEME M. 4 RACE White IPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? WISSOUTI OR TOWN OF DEATH OCKVILLE OCKVILLE TO NAME OF HOSPITAL, NURSIN TO NAME OF HOSPITAL, NU	TATE GESTRAR SEED NAME FRINT) Trene M. Her ARCE White Female (PLACE (STATE OR FOREIGN NIRY) OR TOWN OF DEATH OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE OF THE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE REFORE ADDRESS NO OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 CAUSE OF DEATH (Enter only one cause per Internal Security NO. 702-10-1969 DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DUE TO, OR AS A CONSEQUENCE OF (c) ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT AND WHITE PROPERTY MEDICAL EXAMINED AT MORE STREET, FACTORY, OFFICE FARM, ETC.) SECURITION OF THE SECURITY OF THE BODY OFFICE FARM, ETC.) SECURITY MEDICAL EXAMINED AT MORE STREET, FACTORY, OFFICE FARM, ETC.) SECURITY MEDICAL EXAMINED AT MORE STREET, FACTORY, OFFICE FARM, ETC.) SECURITY MEDICAL EXAMINED AT MORE STREET, FACTORY, OFFICE FARM, ETC.) AND WHITE PROPERTY OF THE MEDICAL EXAMINED AT MORE STREET ACTORY OF THE MORE STREET, FACTORY, OF	TITEME M. HENNEN ITEME M. HENNEN IREACE (STATE OR FOREIGN MODIE LAST INCOMPRESSION TO COLOR STATE OR FOREIGN MODIE LAST INCOMPRESSION TO COLOR STATE OR FOREIGN MODIE LAST INCOMPRESSION TO COLOR STATE OR FOREIGN MODITAL NURSING HOME OR OTHER INSTITUTION (FE NOT IN SUCH TACKITY, GWE STREET ADDRESS) OR TOWN OF DEATH TO COLOR STATE ADDRESS OF THE MODITAL NURSING HOME OR OTHER INSTITUTION (FE NOT IN SUCH TACKITY, GWE STREET ADDRESS) OR TOWN OF DEATH TO COLOR STATE ADDRESS OF THE MODITAL NURSING HOME OR OTHER INSTITUTION (FE NOT IN SUCH TACKITY, GWE STREET ADDRESS) OR TOWN OF DEATH TO COLOR STATE ADDRESS OF THE MODITAL NURSING HOME OR OTHER INSTITUTION (FE NOT IN SUCH TACKITY, GWE STREET ADDRESS) OR TOWN OF DEATH TO COLOR STATE ADDRESS ON THE MODITAL NURSING HOME OR OTHER INSTITUTION (FE NOT IN SUCH TACKITY, GWE STREET ADDRESS) OR TOWN OF DEATH TO COLOR TO COLOR STATE ADDRESS ON THE MODITAL NURSING HOME OR OTHER INSTITUTION (FE NOT IN SUCH TACKITY, GWE STREET ADDRESS) OR COLOR STATE OR TOWN OR TO COLOR TOWN (FE NOT TOWN) IN ADDRESS OF THE MODITAL TOWN OR THE MODITAL NURSING HOME OR OTHER INSTITUTION (FE NOT TOWN) OR OTHER STATE ADDRESS OF THE MODITAL NURSING HOME OR OTHER INSTITUTION (FE NOT TOWN) IN ADDRESS OF THE MODITAL TOWN OR THE MOD	SEED NAME PROI	CERTIFICATE OF DEATH REG NO. SEED NAME FROM: IT ene M. Hennen Dec. 29. 4. RACE White FORMAL White FORMAL IN DATE OF DEATH MOONE FORMAL A CAGE (IN YEARS LAST BRITHONY) FORMAL White FORMAL IN DATE OF BERTH MOONE FORMAL A CAGE (IN YEARS LAST BRITHONY) FORMAL A CAGE (IN YEARS LAST BRITHONY) FORMAL MOONE FORMAL IN DATE OF BERTH MOONE A CAGE (IN YEARS LAST BRITHONY) MONT BOOM MO	TIPE M. HENNER IPENE M

DHMH - 16 60M 7/84 (VRA 15, 4)

Kirkwood, Missouri

Burial/Transit Jan. 2,1987 Oak Hill Cemetery

14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave, NW, Washington, D.C. 20016

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
/	26 DATE OF DEATH MONTH	16	86	26 HOU	S A
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
	90 YRS.	MONTHS	DAYS	HOURS	A ii

9 BALTIMORE CITY OR COUNTY OF DEATH

MIDDLE

VV 17 11 .C		00	~_
7b. CITIZEN OF WHAT COUNTRY?	8		Aca.
1.51	MARRIED L	NEVER MARRIE	D K
115 14	WIDOWED	DIVORCE	рΠ

126 KIND OF BUSINESS OR INDUSTRY

FACILITY STYE STREET ADDRESS) 1055 GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS?

MONTH

15. MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE BRUNSWIC 0000

MCNAMAKA

INNESSE 17. INFORMANT 5716 PRE-ARRANGED

18 CAUSE OF DEATH (Enter or	ally ane cause per line for (a), (b), and (c).	11 7	F - : (1. 20	BETWE
PART I. DEATH WAS CAUSE	TE CAUSE (a) Concres M	of Mean	Failer	
	DUE TO, OR AS A CONSEQUENCE OF	ita Ho	Misses Disperse	
Conditions, if any, which gove rise to immediate	(b) (M) A = U	no or 110	AM DAMES	-
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	Paullona)	attorisselsin	11-0
	(6)	EN MONT	Charles Con	400

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	1 source or or or
DATE OF OPERATION	THE CONDITION FOR WHICH OPERATION WAS PERFORMED

MIDDLE

200 AUTOPSY? NOM 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

AT HOME STREET, FACTORY OFFICE, FARM, ETC)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 211 LOCATION STREET

GOUNTY STATE

saw the deceased alive on abave, (1) (we) (did) (did nat) view the bady after death

and that in (my) (aur) apphio	death accurred an the date and hav	r and fram th	e causes stated
DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	126. DAT	Dre 86
27e. ADDRESS	C'	1.101	MOUL A

that (I) (me) last

22e. ADDRESS 0

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

CERTIFICATION

MEDICAL

STATE REGISTRAR

(TYPE OR PRINT)

To. BIRTHPLACE

(STATE OR FOREIGN

I-S/AND

160 WAS DECEASED EVER IN U.S. ARMED FORCES

(YES, NO OR UNKNOWN)

NO

1136 COUNTY

MONII

MIDDLE

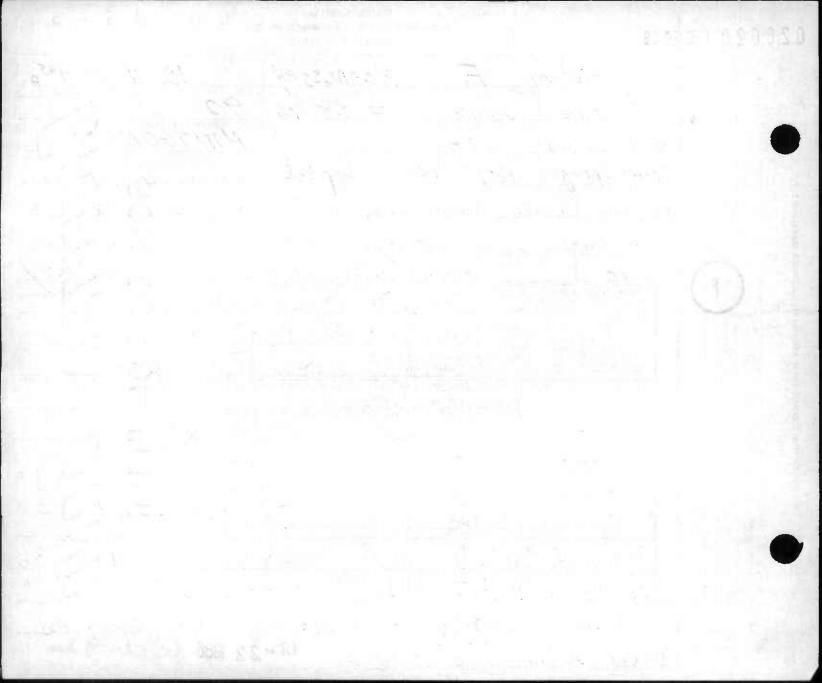
3. SEX

DECEASED NAME

S, 7UIZIZ

DHMH - 16 60M 7/84 (VRA 15, 4)

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DEDARTMENT OF HEALTH AND MENTAL HYCHENE

6 B	STATE REGISTRAR			DEPARTA	CERTIF	ICATE OF DEATH	. HTG	REG. NO.		1
(TYPI	CEASED NAME E OR PRINT) GEORGE	FIRST	L.	MIDDLE		RNDON		DECEMBER 30, 19	86	26 HOUR 12:17A
	MALE		RACE Whi		5. DATE C 12/0	2/23 YEAR		6. AGE (IN YEARS LAST BIRTHDAY) 63 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
	RTHPLACE (STATE OR FOR COUNTRY) Ishington, D	.C.	U.S		WIDOWE			9 BALTIMORE CITY OR COUNTY MONTGOMERY COU	NTY	MD
C	TIY OR TOWN OF DEATH		MONTGO	HEACHITY, GIVE STREET	RAL H	OSPITAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIT Intelligence Spe	E INDUSTRY	Gov t.
130.		6 COUNT	ther institution y	GIVE RESIDENCE BEFORE 13: CITY OR TOW ROCKVIL	N	13d. INSIDE CITY LIMIT		130.STREET ADDRESS / ZIP CODE 17804 Park Mil	1 Dr./2	20855
14 F	ATHER'S NAME FIRST Neal	м	N.	Herndo	n	is mother's maide Hele:		MIDDLE	Smi	th
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (ED FORCES? WAR OR DATES)	579-20-3		Betty He	rnd	on, Same address		
	Conditions, if ony, we gove rise to immediately course (o), stating	CAUSED MEDIATE hich diote	DUE TO, O	4	enely NGE OF	I edemel	far	t	6 de	EMATE PUTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIF	ven	trulor	eclopy		NOT RELATED TO THE	TERM		S, WERE FINDII	NGS USED
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	JSE OF DEAT	7	PFINJURY M. MONTH DA M.	YEAR		CCURR	RED (ENTER NATURE OF INJURY IN ITEM 18. I	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	_	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220. I certify that (1) of sow the declared above (17) we) indid					DEGREE		, to	,	
	22d PHYSICIAN'S NAM	E (TYPE OR	PRINT)	1 M/		ATTENDI PHYSICI 220 ADDRESS 3941		errary Drugs,	ler Spri	30/86 m)
	BURIAL, CREMATION, RE	MOVAL	23b DATE	23c. N	NAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION	COUNTY	STATE

DHMH - 16 60M 7/84

should be detached for use as with the State Dept. of Health IMPORTANT: If Hem 21 is

injury, or other troumatic

(VRA 15, 4)

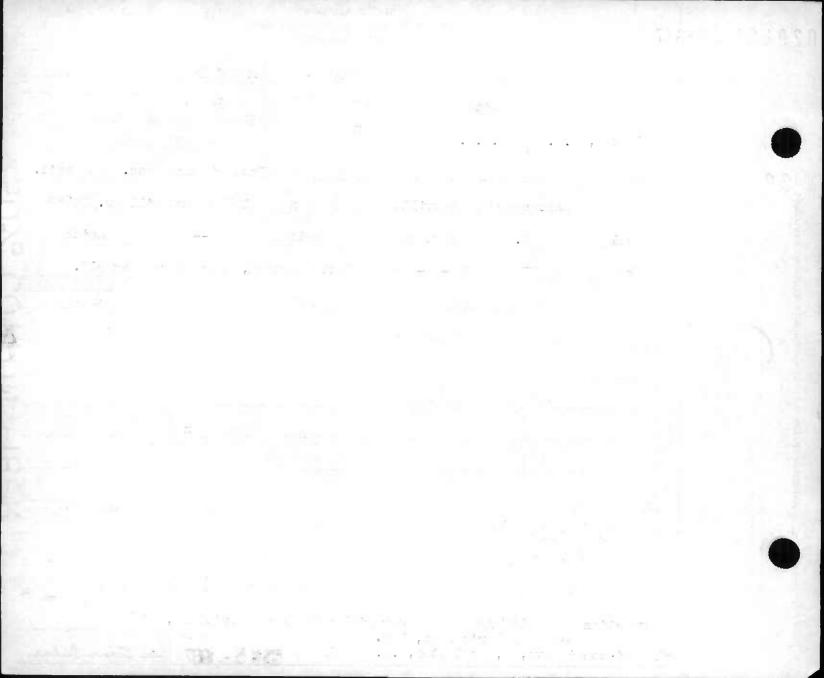
Cremation 12/31/86 Cedar 12/31/86 Cedar 13/4 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D. C.

Cedar Hill Crematory

20016

Suitland, MD

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Aulia Dendoon Rudale



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			CEASED NAMI	FIRST		WIDDEE		LAST	2a. DATE KNO	WN X MONTH D	AY YEAR	26 HOUR
	ET SS SE			Annie		Lee	Hi	ghsmith	OF EST DEATH MAT	ED 12/9	1986	
	REGERA	3 SEX	X	4. RACE	5 DATE OF BIRT	H 6 AGE	(IN YEARS IF UI	NDER 1 YR. IF UND	DER 24 HRS. 2c DATE		DAY YEAR	12:10
	ZZH NSI	Fo	emale	White	Dec. 26		8 YRS.	HS DAYS HOURS	MIN PRONOUNCED DEAD	12/9	186	12:10
	ALL	7a. B	IRTHPLACE (SI		76. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE	CITY OR COUNTY O		IF . M
	SE S		orth Car	olina	USA			IED NEVER MA	RRIED .	_		
	DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PACE, 5 FOR YOUR FILES, D BEFLUED, WITHIN Z2 HOURS RDS, 20, W. PRESTON STREET,		ITY OR TOWN			OSPITAL, NURSING H			PRCED Montg	omery Cour	NTY KIND OF BU	MD
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01	35 3 5 C	ude	Silver			Lockwood I		#101	Retired	Te	elepho	ne Co
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3	77000	LL E	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MA			LAST	
1 10	364350	D	Thomas		T.		ink	Sara		McI	Clain	
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S	支票の資料		PARTIDE	ATH WAS CAUSE	D BY:	Metastatio		noma		-	BETWEEN ONSE	T AND DEATH
O.	IIN 24 HO IN ITEM 1 ? ALONG ISIT PERMI HYGIENE, MOVAL.			IMMEDIA	IL CHOOL (O)	OR AS A CONSEQUE		Homa				
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5, 20	SEX EX				(c)							
DIVISION OF VITAL RECORDS,	WA BEA	-	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO TH	IE TERMINAL DISEA	SE OR CONDITION GIVEN II	N PART 1 (a)			
8	PENDI PENDI MEDI DASA TEALTI	ō				ne						
2	SE TENT	3	19a. DATE OF	OPERATION	19b. CON	DITION FOR WHICH	OPERATION V	VAS PERFORMED?		2	D AUTOPSY	?
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	EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 P CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEN ULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON UNIT DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - IRANSIT PER I, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL								v .			
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: F H, WITH THE SI MARYLAND;			,		described obove, held	on Autor	1		and in my apinia	n	
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, M		EXAMINER'S (TYPE OR PRIN		n S. Rog			ADDRESS STIV	er Spring, Mo	ntgomery (county	, MD_
	EDZZES	23a.B	URIAL, CREMA	TION, REMOVAL 2				OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	\$1	TATE
07/84	BP		Burial		12-12-8			al Park		, North Ca		ıa
25M	DHMH - 17	24 F	UNERAL DIREC	TOR Hines	Rinaldi	Funeral	Home, I		TE REC'D. BY REGISTRAR 251	D. REGISTRAR'S SIGN	JATURE	
	(VR A15 ME (5))	11	1800 Net	v Hampshi	re Ave.,	Silver S	pring,	Md.	EC 1 2 1986 1	lie Nieden	2.	





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTI ERNEST HTRAT DECEMBER 30 1986 3. SEX 4. RACE 5. DATE OF BIRTH MONTH YEAR OAY 69 JAPANESE MALE 05/09/17 70 BIRTHPLACE (STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA CALIFORNIA WIDOWED MONTGOMERY COUNTY D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) MONTGOMERY GENERAL HOSPITAL OLNEY INTELLIGENCE AGENT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BRIGHTON DAM RD 13491 MONTGOMERU CLARKSVILLE YES X MARYLAND NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE HENRY ELSIE 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR OATES) IYES, NO OR UNKNOWN) 13491 BRIGHTON DAM RD. WWII & KOREAN 555-20-1/01 WIFE CAUSE OF DEATH (Enter only one cause per line for total that and ical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stating underlying couse DITION GIVEN IN PART CERTIFICATION 76k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 IN JURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET T WORK NOT WHILE 22a I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an_ and that in (my) (aux) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death 226 SIONATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS d b MPORT. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

CHAMBERS CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

CRAMATTON 24 FUNERAL DIRECTOR

FUNERAL HOME SINET SPRING MARYLAND

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YES T

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12b. KIND OF BUSINESS OR

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IF UNDER 1 YEAR

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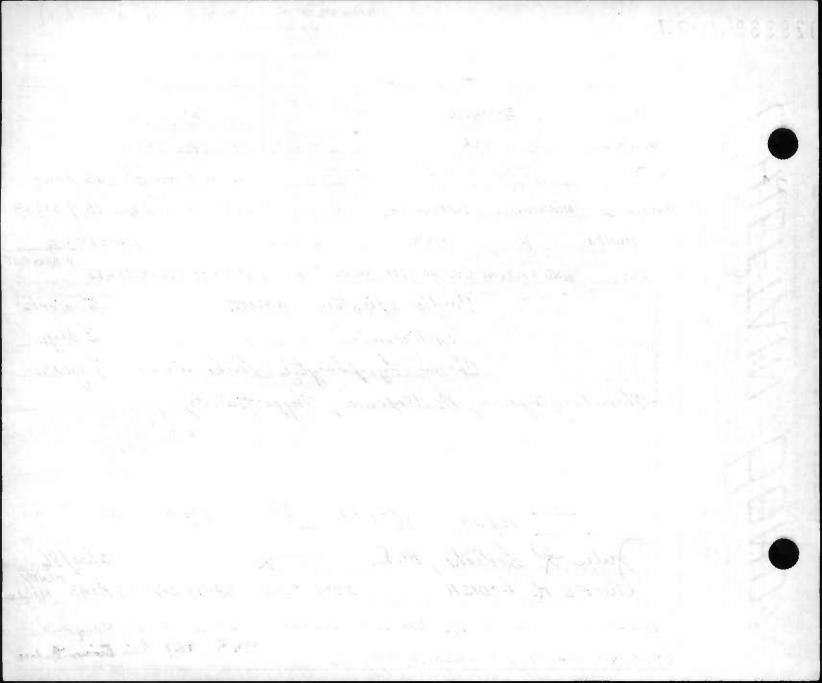
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CLARKSVILLE

STATE

22c DATE SIGNED



		FOR
l	-	STATE
		REGISTRAR

EPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE		
CE	RTIFIC	CATE	OF	DEATH			

1.	- STATE REGISTRAR	DEI 7	CERTIFICA	TE OF DEATH	REG. NO.		
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1.SE	Male (aucasian	5. DATE OF BI	14 24	6. AGE (INYEARS LAST BIRTHI	MONTHS DA	
	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY) UNA	CITIZEN OF WHAT COUNT	MARRIED WIDOWED	NEVER MARRIED	MANT COY	COUNTY OF DEATH	MD.
\mathbb{S}_{i}	ITY OR TOWN OF DEATH	HAME OF HOSPITAL NU	DSS A	Spita	120 USUAL OCCUPATION LIVPE OF WORK FOR MOST OF V Engineer		DOF BUSINESS OR
130. S MC	al residence (IF Nursing Home of GIF STATE 133) COUNTY Uryland Montgo	L CITY OF	Spring YE	. INSIDE CITY LIMITS?	13625 Middle	zip code evale Lane	20906
14. F/	Ralph M	Hogo		MOTHER'S MAIDEN NA	WE MIDDLE		Powell
	NAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE W. W. W. W.			informant atricia C. I	dogan wife	s same a	s #13
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	Y:	WHERE	ental My	dral Kupt scarohel Ly	alch	iOXMATE INTERVAL EN ONSET AND DEATH
CATION	PART 2 OTHER SIGNIFICANT COM ALCULA 190. DATE OF OPERATION	NOTIONS CONTRIBUTING 196 CONDITION FOR WE	1	_	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
CAL CERTIFICATION	2)g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	c. HOW INJURY OCCURI	YES NO	IN CERTIFYING CAUS YES IN ITEM 18 PART I OR PART :	NO 🗍
MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e: PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	LOCATION	CITY OR TOWN	01	STATE
	220.1 certify that (1) this haspitall saw the deceased alve on above (1) (we) (dich did not be 22b. SIGNATURE	12119	om 19 0 and th		deoth accurred an the date		
	TIB. SIGNATURE LU /		DEG	KEE		ll. DA	ITE SIGNED

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Gate of Heaven Cemetery Silver Spring Montgomery Md.

250 Date Rect. By Registrar 250 Registrar's Signature

ver Spring, Md.

250 Date Rect. By Registrar 250 Registrar's Signature

get Spring, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

muld be detached the State Dep

24 FUNERAL DIRECTOR Francis J. Collins Jr.

500 University Blud. West. Silver Spring, Md.



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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) RANCES LINGSWORTH 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH emale White 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Washington, DC Montgomery WIDOWEDTX DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Fernwood Nursing Home Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 6530 Democracy Blvd. Maryland Montgomery Bethesda YES X NOF 14 FATHER'S NAME MIDDLE Stephen Eleanora Todhunter 888 DORFith. St., N.W. 6n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Richard Huhn-Atty- Suite 310 216-46-4111 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY CARDIO RESPIRATORY AS A CONSEQUENCE OF ONGESTIVE Conditions, if any, which gove rise to immediate cause (a), stating the OSCIECOSIS underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

STATE OF MARYLAND

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM

(AT HOME STREET FACTORY, OFFICE, FARM ETC.)

21e. PLACE OF INJURY

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES | NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION

CITY OR TOWN COUNTY

22a.1 certify that (1) (this hospital) attended the deceased from _, and that in (my) (aur) apinian death accurred on the date and haur and fram the couses stated sow the deceased olive on.

SIPERI

above. (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

NAUJOKAITIS M.D

220 ADDRESS 3301 NEW MEXICO AVE N.W.

Dec. 9, 1986 Metropolitan Crematory Alexandria

2h HOUR

126. KIND OF BUSINESS OR

Wash., DC

own home

IF LINDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

McDermott

Cremation 24 FUNERAL DIRECTOR 11800 N.H. Ave. Hines/Rinaldi Funeral Home Silver Spring, Md. 24 FUNERAL DIRECTOR

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DEC 1 2 1986 Julia Decider Lea Julia Devider . Kan

DHMH - 16 60M 7/84 (VRA 15, 4)

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CERTIFICATION

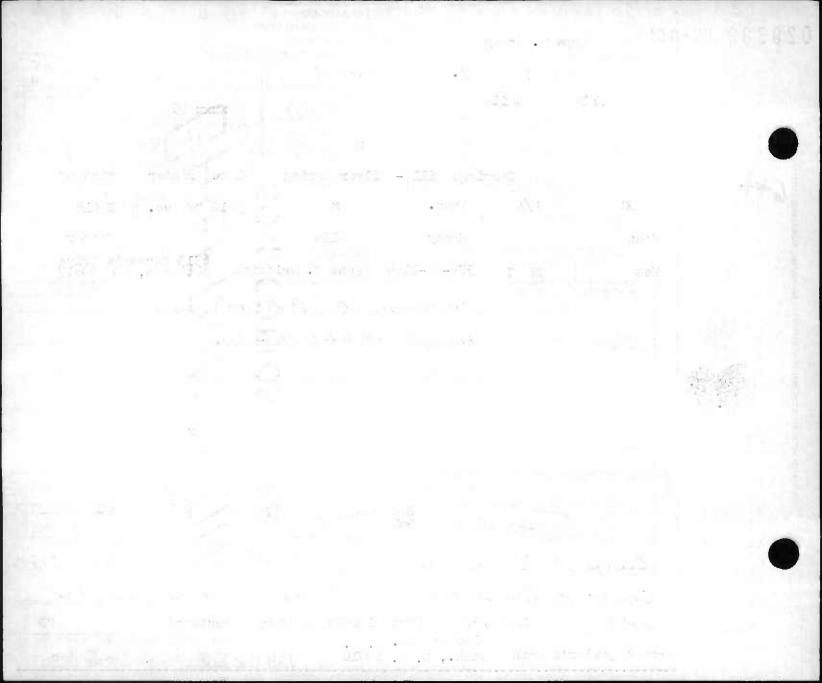
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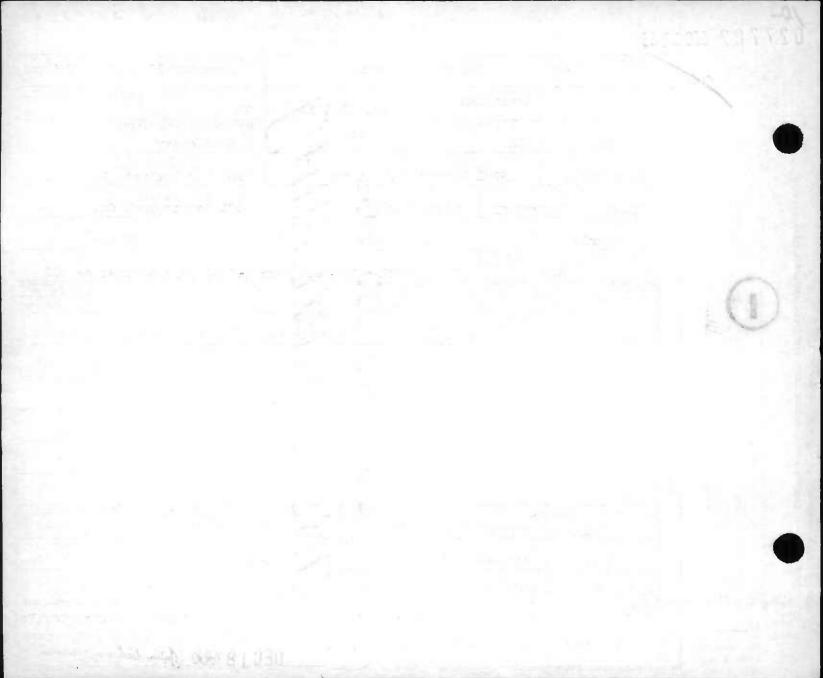
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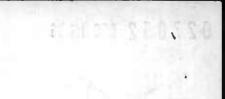
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STATE OF MARYLAND



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a 24 20			seph		MIDDLE Israel	Но	rn	20 DATE OF DEATH Decemb	per 15,	1986 YEAR	7:00pm
ge 4 mb)	1.5E	Male		RACE Caucas:	ian	5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
death. Po		RTHPLACE (STATE OR FORE COUNTRY) New York		CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D EXEMPTER MARRIED DIVORCED D	9 BALTIMORE CIT	_	Y OF DEATH	MD.
by the fu	and the same	TY OR TOWN OF DEATH Silver Sprin	g	1530	l Beaverb	Court	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Manpower Analyst US Govt.				
AND 213	130.	Maryland N	HOME OR OTH COUNTY Contgo		ISC. CITY OF TOWN Silver	N		13e STREET ADDRES			25906
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BALTIMORE one execu- city in and a mail. Poges well.	1	VAS DECEASED EVER IN YES, NO OR UNKNOWN)		D FORCES?	578 32		Annette Hor		oress same ac		
that the deal certificate by the attention of physicians remove carterional control control of cont		Canditions, if any, w gave rise to immed cause (a), stating underlying cause	MEDIATE (hich iate the last.	DUE TO, O (b) DUE TO, O	RAS A CONSEQUE	NCE OF	Jachene , me vas vave Dlung.			2 /202 = 3	want interval ONSET AND DEATH 4 Stoen S. Smonths
At RECORDS, 2 The law require tion There is not buen signs Thermit Them prime prime to bus There is not bus to b	CERTIFICATION	PART 2. OTHER SIGNIF PULLIMATE OF OPERATIO	d A	Mules	Distre	es, V	NOT RELATED TO THE TERM BUNCHOO BOUND N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YE IN CERT	ES, WERE FINDING CAUSES	NGS USED
DIVISION OF VITAL DING PHYSICIAN: The are this certificate e as the burial-transi sith and Mental Hyge marked or them A8 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE ATWORK ATWORK	SE OF DEATH EXAMINER)	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	m. month da m.	19	211 LOCATION STREET		NJURY IN ITEM TB	PART I OR PART 2)	STATE
AL OR ATTENDI the hospital or AL DIRECTOR: A etoched for use te Dept. of Heal		220.1 certify that (I) (1b saw the deceased abave, (I) (was 151) 22b. SIGNATURE	did nat) v	durle	2/10 19 8		nd that in (my) (www) apinian DEGREE ATTENDING PHYSICIAN		TAFF	our and Iram the	
TO HOSPITAL TO FUNERAL should be deto		Oliver ~	LA	w/65				or Blus,	Silve	el SPR	eriq.
BP		Brinice Mation, REA			7,1986 Ki	ng Da	vid Mem. Pk.				x CoMyVa.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	UNERAL DIRECTOTVES	-Pear	rson F	uneral Ho	mes :	FC, Va,	EC 1 8 1986	Julia	Dander ?	URE





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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF REALTH AND MENTAL HYGIENE

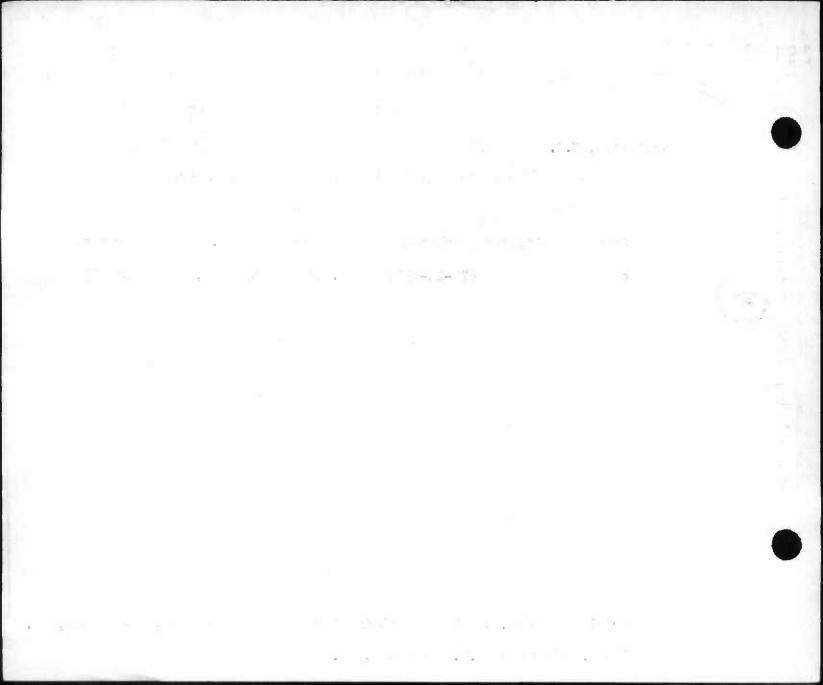
- STATE REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.		
BERTHA	MIDDLE LA		20 DATE OF DEATH M	ONTH DAY YEA	II TIOOK
3 SEX A RACE		ERSHELL	6 AGE (IN YEARS LAST BIRTHI		M P
Female Co	au Casian July	DAY YF * R	93		AYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZ	EN OF WHAT COUNTRY? 8.	□ NEVER MARRIED □	9 BALTIMORE CITY OR		1
Texas Unit	ted States WIDOWER	DIVORCED [Montgomer		MD.
(IF NO		ROTHER INSTITUTION ADVENTIST HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Secretary	N 126 KIN WORKING LIFE) INDUST Bur	RNational of Stds.
JOUAL RESIDENCE (IF NURSING HE ME OR OTHER INS 130. STATE	STITUTION GIVE RESIDENCE BEFORE AD CONTROL (131. CITY OR TOWN Washington,	13d. INSIDE CITY LIMITS? YES X NO [130 STREET ADDRESS / 2 4704 44th	Street,	999.2001
FATHER'S NAME FIRST MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	MIDDLE		LAST
John	Vice	Mary			away
160 WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR E		Evelyn F. I	AD38 Marello Wa		r St.,NW
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	E TO, OR AS A CONSEQUENCE OF (b) E TO, OR AS A CONSEQUENCE OF (c)	URINARY TR	PACT DWFG		Juli
PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PAR	T 110
Y 190 DATE OF OPERATION 196. 210. ACCIDENT WAS UNDERLYING 216.	CONDITION FOR WHICH OPERATION	N WAS PERFORMED		206 IF YES, WERE FIN IN CERTIFYING CAU YES	
	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART	2)
	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN				
sow the deceased alive on obove, (I) (who fail (did not) view the	Nec 19 86 000	d that in (my) (aux) opinion o	deoth occurred on the date	19 V G	_, that (I) (we) lost the causes stated
22b. SIGNATURE A & Opol	ly, mil		MEDICAL STAFF DIRECTOR PHYSICIA	IN Dec	16,1986
22d. PHYSICIAN'S NAME (TYPE OR PR	Jac as a	220 ADDRESS IN GO	4 GEORBIA	AVENUE 2003)

INOWASE. MODICA' INVIT

Burial, CREMATION, REMOVAL 1236 DATE Dec. 1236. NAME OF CEMETERY OR CREMATORY 1236 LOCATION CITY OR TOWN STATE OF CEMETERY OR CREMATORY 1236 LOCATION CITY OR TOWN STATE OF CEMETERY OR CREMATORY 1236 LOCATION CITY OR TOWN STATE OF CEMETERY OR CREMATORY 1236 LOCATION CITY OR TOWN CITY OR TOWN

FOR

THE PARTY OF THE



HOSPITAL OR ATTENDENC PHYSICIAN. The fore requires that the death certificate be executed within 24 hours after de inned by the houpital or attending physician.	be executed within 24 hours after
FUNERAL DIRECTOR, After this certificate has been signed by the Offending, physician and completely tilled in by the fun	an and completely filled in by the

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STATE GE ARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICAGE OF DEATH

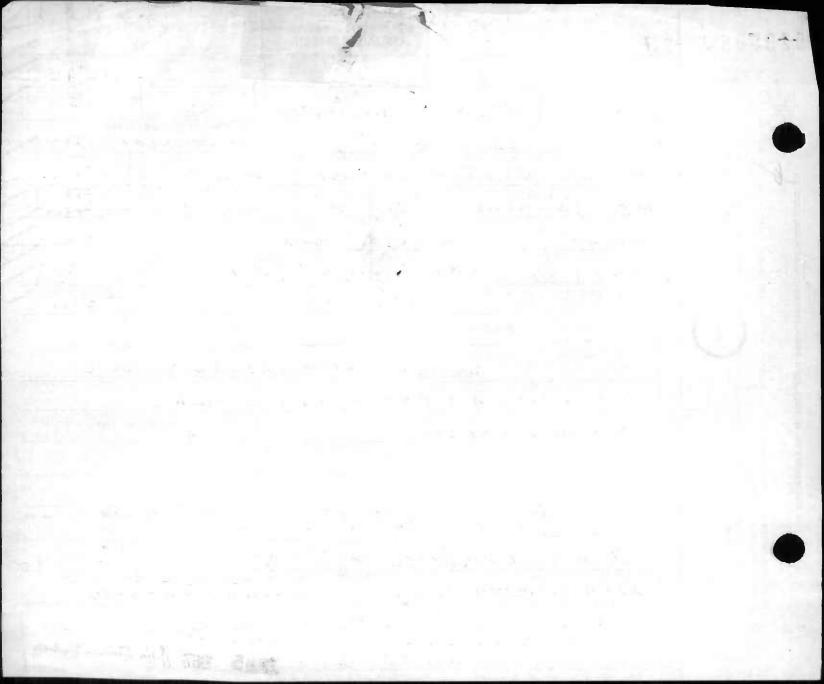
1 - SJATE REGISTRAR DECEASED NAME 20 DATE OF DEATH 2h HOUR Clayton Darius 12 ,30.86 Hutchins 4 RACE 5. DATE OF BIRTH MONTH Caucasian 12,24,1900 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Onio MONTGOMERY COUNTY MD United States WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GAITHERSBURG Educational WILSON HEALTH CARE CENTER Education Finance Consultant SUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONS 13d. INSIDE CITY LIMITS? MI 403 RUSSEL AVE Apt. 404 MOZOBTT MONTEDME GAITHERS BURG 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE HAINES OWEN HUTCHING MARIA 17 INFORMANT (Wife) ADDRESS403 Russell Ave 16a WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. HEYES GIVE WAR OR DATEST Gladys G. Hutchins Gaithersburg, MD ΝO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IRRHOSIS 6 Years MAMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last CRYPTOGENIC, NON-ALCOHOLIC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ASPIRATION, ALZITEIMER 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ILAGLE 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC) COUNTY WHILE NOT WHILE JANUAR1 10 84 10 DECEMBER 10 22a.1 certify that (1) (this hazartal) attended the deceased fram_ saw the deceased alive an 12 / 22 above, (1) (was (did) (did) view the bady after death .19 <u>& 6</u>, and that in (my) (car) opinion death accurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12/30/86 22d PHYSICIAN'S NAME (TYPE OF PRINT) MEDICAL CENTER PRIVE ALAN N. SCHULMAN, M.D.

230 BURIAL, CREMATION, REMOVAL 230 DATES 1, 1986 NAME OF CEMETERY OF CREMATORY 23d. LOCATION Cremation December Metropolitan Crematory Alexandria

P.A. 300 W. Montgomery Ave. Rockville MD .A.300 W. Montgomery Ave., Rockville, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

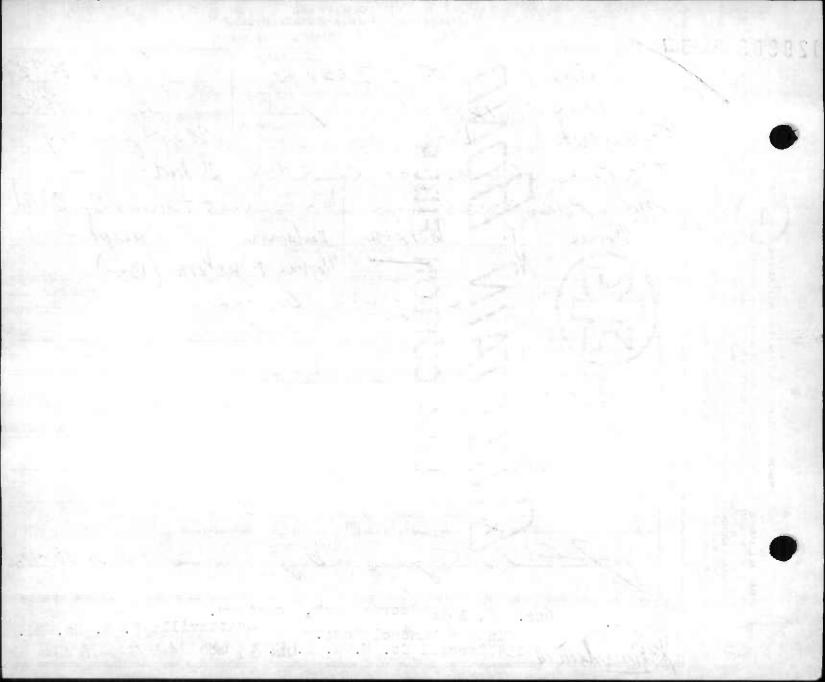
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027760	DE	FOR CSTATE OF REGISTRAR		DEPARTM		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.		0 24
وه وه و		CEASED NAME FIRST SOURCE		DDIE	Tiva i	alo DU	20. DATE OF DEATH MONTH	DAY YEAR 21	1945 P
4 may or, pag offer de	3. 9E.		4 RACE	ucasian	S DATE OF	BIRTH YEAR	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF	UNDER 24 HRS OURS MIN.
orh. Page 272 hours of	79/ BI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF W		8. MARRIED	□ NEVER MARRIED >□	N/A YRS. PALTIMORE CITY OR COUNT		21 30
offer des	A C	TY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET A	DDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING)	176. KIND OF B	USINESS OR
lied in by	13a. S	AL RESIDENCE (IF NUMBING HOME OR TATE	OTHER INSTITUTION G	INE RESIDENCE BEFORE A	ADMISSION)		N/A 13e STREET ADDRESS / ZIP COL	1,275	177
Action of the control	-	THER'S NAME	ederick	Monrovi		YES X NO	MIDDLE	LAST	19
edical a		VAS DECEASED EVER IN U.S. AR res, no or unknown) (If yes, giv	heal MED FORCES? (I VE WAR OR DATES)	Ioannou		Dorothy 17 INFORMANT	Freeman	Coope	r
	-	N/A N 18. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE	ly ane cause per li	N/A ine far (a), (b), and	(c).1	,	annou; Same as 1		TE INTERVAL SET AND DEATH
noting p			re CAUSE (a)	AS A CONSEQUE	NCE OF	MMAT	E RUPTURE MUN	mas 4	DAYS
or the dec y the att se remotio crematio		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF		BUT CERVIT		
signed by hen plead by hen plead of buriol.	Z	PART 2. OTHER SIGNIFICANT (CONDITIONS COL	NTRIBUTING TO D	EATH BUT P		IN AL DISEASE OR CONDITION G		
The prior	CERTIFICATION	N/A 190. DATE OF OPERATION		ION FOR WHICH (OPERATION	WAS PERFORMED	IN CERT	ES, WERE FINDING IFYING CAUSES OF	S USED F DEATH?
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Thending the burn	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE O	21/22		THE LOCATION STREET N/A	CITY OR TOWN	COUNTY	STATE
TENDIN Intel ar a TOR, Afs ar use of Mediff		22a certify that (I) (263C5636)	Dec. 14	@ (: H)	ec 1 M 86,	4 10 86	to Dec . 14 death occurred on the date and ho	19 <u>86</u> , tho	uses stated
AL OR AT the hosp AL DIREC eroched one Dept.		above NixveXiXiX (did no	el Mu	uw 3		EGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12 DATE SIG	
HOSPITAL Sined by the FUNERAL Hithe Stote		22d PHYSICIAN'S NAME (TYPE O Brockett Mu		1		19231 Mont	. Village Ave.,	Gaithers	ourt, MI
2 € 2 € 1 3 BP		BURIAL, CREMATION, REMOVAL SPECIFY) Cremation				metery or crematory rove Adventi	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME N/A		ADDRESS			E REC'D. BY REGISTRAR 25b. REGIS		

A VARIA THE TOTAL STATE OF

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH TREGISTRAR REG NO EASED NAME JACKSON 20. DATE KNOWN THE DEPOSITO DEATH MATED IF LINDER 24 HRS DATE TEAR. LAST BRITHDAY RONOUNCED DEAD BALTIMORE CITY KIND OF BOSINESS II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY In STATE 4. FATHER'S NAM IN. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES (YES, NO, CIE UNENOWN) LIF YES, GIVE WAR CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), APPROXIMATE INTERVAL APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PAGE 3 SHOULD BE USED AS A BURING STATE DEPARTMENT OF HEALTH AND 21201 PRIOR TO BURIAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CHIEF YES DE NO 🗌 표 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M SATE, WRITING FORWARDED TO 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion Natural causes death resulted from: Accident Suicide Homicide _ Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER XAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 86 harder wash, or cemettery was the cometter of the cometter COUNTY STATE Burial Takoma Funeral Home. 150 DAIE RECUSTRAR 1750 REGISTRAR'S STG 254 "Carroll St. N. W. D.DEC 3 1 1986 Julia Dissident 07/84 25M **DHMH - 17** (VR A15 ME (5))



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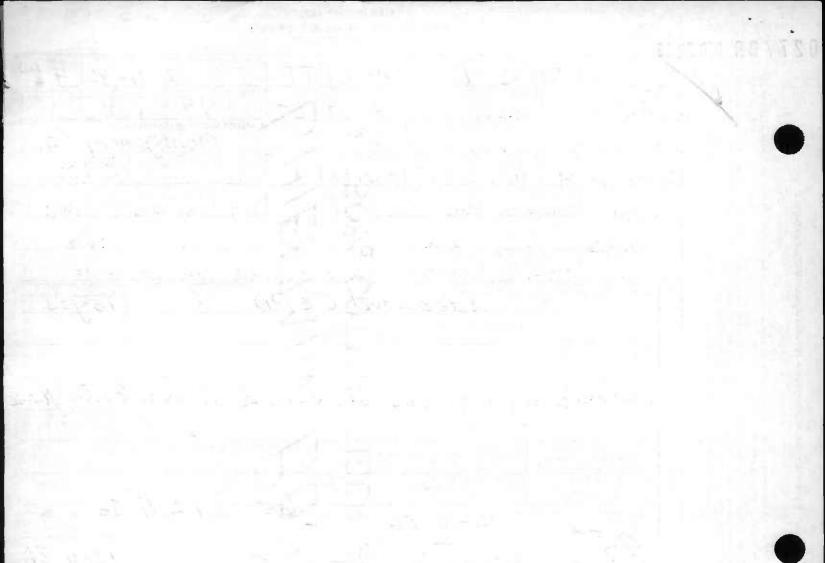
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7 9	0	ner o	0.5	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	O.	
	ne	1		EASED NAME FIRST	MIDI MIDI) (A	AST DE TT	20 DATE OF DEATH		AR 26 HOUR 440
b) p(980	63	-		ER	U JAI	CR 11	/		6 4 AM
4 M	0 10	100	J. SE	Male	4 RACE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS.
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th. F	727	74/	(OUNTRY)		MARRIE		mx	nterme	
r dec	34	4-		rth Carolina TY OR TOWN OF DEATH	U.S.A.	WIDOWE SPITAL, NURSING HOME O		12a USUAL OCCUPAT	"	NT SE BUSINESS OR
ofte	± 60 €	68	5	Wen Sonna	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)	nital	ELECTICAL ELECTRICAL		itractors
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24	filled	Ēλ		110 2 2		CITY OR TOWN SILVER Spring	13d INSIDE CITY LIMITS?	130 STREET ADDRESS		20901
rithin	2 sh	-		THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	20_710 C.	LAST
ped	oldmo			Francis	Α	Jarrett	Willis	A,		Inale
xecu	Des Ses	medical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16 E WAR OR DATES)	b. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS	
pe e	on o	4001		yes 1926	-1929 5	579-05-0310	E. Grace Ja	rrett wife		
2000	ado.	nt, th		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly ane cause per lin	e far (a) (b), and (c).)	1005	2)	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
1	Ep 60	C eve		IMMEDIA	E CAUSE 10)	avance	a cor			SYLL
4	100	froumotic			DUE TO, OR A	S A CONSEQUENCE OF				
3	-11		94	Canditians, if any, which gave rise to immediate	(b)					
5	41	other		cause (a), stating the underlying couse last.	DUE TO, OR A	S A CONSEQUENCE OF				
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edni	Ther	injur	NO NO	ourone i	molo	gours,	Centen	w ma	celler	all thase
*0	s bee	S ony	CERTIFICATION	198 DATE OF OPERATION	LA CONDITIO	FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	NDINGS (SED USES OF DEATH?
The cion.	sit pe	giene	RT			LI URU	In the state of th	YES NO	YES 🗌	NO 🗆
IAN:	fron-	BI Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PAI	ii 2)
YSIC	s cert	Went	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED 216 IN JURY OCCURRED	P.M. 21e PLACE OF	IN ILIPY	211 LOCATION			
PH S	the k	th ond /	ME	WHILE NOT WHILE	(AT HOME, STREET	, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN COUN	TY STATE
DINO	Afte os	mork		220 certify that (I) (this hasp	tal) attended the d	leceased from	19.60	5 to 1.	2-1/1086	2. that (I) make last
TTEN	TOR for u	of He 21 is		sow the deceased alive on above, (1) (1) (did no	12	-1019 86 on	d that in (my) (my) opiniar	death occurred an the d	ate and haur and fran	n the causes stated
A A	IREC.	ept.		276 GMAIURE	T VIEW THE BODY ON	er deom.	SEREN			DATE SIGNED
At C	AL D	ote D		Laser	ash	AOR 1	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF CIAN [2-11-86
HOSPITAL	NER be	TAN STAN		ME PHYSICIAMS NAME (TYPE C		40	22e ADDRESS	1	2 ' 0 1 - 0	11.1
O HO	Should be	with the State		George F. S	engstack,	, M.U.	9241 Colum	bia Blvd., S	situer Spri	ing, ma.
7 9	<u></u> − ∨	s <u><</u>		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	LOUNTY	STATE
BP		_	B	urial	Dec. 13,		n Cemetery		Montgome	ry Maryland
		OM 7/84				ollins, Jr.	- I	TE REC'D. BY REGISTRAR	Julia Dende	NATURE
()	VRA 15	, 4)	150	O University Bl	vd. West	. Silver Spri	na. Ma.	10 1000	Shower Showard	m. Kindadh



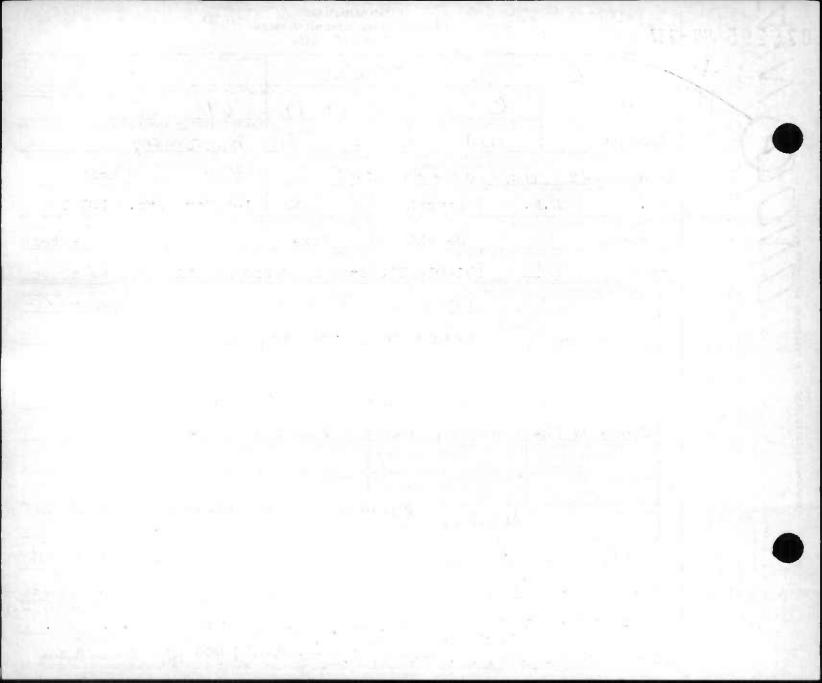
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	1. DEC	CEASED HAME	FIRST		\IDDLE	- L	AST		20. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
1	TTOM	er Ferri	C.	0		1150	WELL		13	- 28-	80	1:100	
7	1.5E)	C.		4 RACE	\		F BIRTH		AGE (IN YEARS LAST BIRTHDAY) IF UNDE	RIYEAR	IF UNDER 24 HRS.	
		m		(MONIH	12	ĬŸ	69	YRS.	DAYS	HOURS MIN.	
Z	1000 6	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI	D NEVER MARE	RIED .	BALTIMORE CITY OR CO		ATH		
1		chigan		. US	A	WIDOWE	DIVOR	CED 🗌	MUNTGOM	Excy		MI	
1	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN H FACILITY, GIVASTREET		OR OTHER INSTITUT		120. USUAL OCCUPATION LIVPE OF WORK FOR MOST OF WO		KIND OF	F BUSINESS OR	
/	10	LOMA GAR	K 1	U ASHI		SUEN	T157		Barber	I	Hair		
3	M M	AL RESIDENCE (IF NURS TATE d •	13h COUN	A.	130. CITY OR TOW Laure		13d INSIDE CITY L	WIIS?	3. STREET ADDRESS / ZIE	Str.	207	07	
0	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	E MIDDLE		LAST		
Ç,	'	Edward			Jewel		Nor	a				Peters	
5		VAS DECEASED EVER		E WAR OR DATES)	166. SOCIAL SECU		17 INFORMANT		ADDRESS				
7	a	rmy	WW	II	B71-01-	8720	Steven	Edwa	rd Jewell			above	
- 1		18. CAUSE OF DEATH PART I. DEATH W	H (Enter or	ly one couse per D BY.	line for (a), (b), or CAMO	nd (c).1	FAILU	0 =				MATE INTERVAL	
- 1			0	NO.	MONTH								
- 1		C (1): 16		DUE TO, OI	COMO A	ENCE OF	Au T	-M -					
1		Conditions, if ony, gave rise to imm	nediote	(b)			1100						
		cause (a), statin underlying couse			R AS A CONSEQU	ENCE OF				10			
		PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONDITION	ON GIVEN IN I	PART Ita		
	S S	REWAL FAILURE, DIARETES MELLITUS.											
7	CAT	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, W							IF YES, WERE				
X	CERTIFI		4.198		NAMY ARTEM, DISCASE			LASE	YES NO	YES [AUSES	NO [
3	150	210. ACCIDENT WAS UND OR CONTRIBUTING	_	216. TIME O	OF INJURY 21c. NOW INJURY OCCURR			OCCURRE	D (ENTER NATURE OF INJURY IN	TEM IB PART I OR	PART 2)		
П	MEDICAL	(IF EITHER, NOTIFY MEDIC	CAL EXAMINER	n P.i		19							
	MED	21d INJURY OCCURE		21e PLACE (OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC }	21f LOCATION STREET		CITY OR TOWN	CO	UNIY	STATE	
		AT WORLD	RK -			A 1 - 1/2-		01	. De contien	200	-/-		
		22a.l certify that (I) sow the decease		tol) oftended the	e deceased from_ MLSL 2719_			opinion de	eath occurred on the date o			that (1) (we) las	
		obove, (I) (we) (c	did) (did no	t) view the body	ofter death.		DEGREE	, оринон ос	controlled on the dole of		c. DATES		
		N	/	-/1/1.	1-	,	ATTE	NDING _	MEDICAL STAFF		/	28/86	
		22d PHYSICIAN'S NA	AME (TYPE C	IR PRIHA			22e ADDRESS	ICIAN L	DIRECTOR PHYSICIAN	PS.	1	100	
		MERCE	OES	/ DUL	LUM		10313	Gi	CORETA AV.	e. SILV	en 1	SPRING-	
П	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23€.	NAME OF C	EMETERY OR CREA		23d. LOCATION		- (MANYLA	
		SPECIFY Cremat	ion	12/29		lto.W	lash Cre	mato	Laurel	P.G	7 .	Md.	
		INERAL DIRECTOR		760	Sandy	Spri	ng Rd.	25 DATE	RECD. BY REGISTRAR 256.	REGISTRAR'S	SIGNATU	JRE	
	F	leck Fun	eral	Home,	Inc. La	urel,	Md.2070	7	2 1 1300 A	dia Desig	don. 7	fandall .	

DHMH - 16 60M 7/8 (VRA 15, 4)

should be detached for use with the State Dept, of Hea



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

n	C PEGISTRAN			CERTIF	ICATE OF DEATH	REG. N	40.		
	CEASED NAME FIRST	A	MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
-	EMMA I. J	OHNSON				DECEMBER	14, 198	16	5:40 AM
1.58	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST 8		UNDER I YEAR	IF UNDER 24 HRS
1	FEMALE	CAUCASI	ON	JULY		53	YRS.		
	ETHPLACE DE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
P	ennsylvania	USA		WIDOWE	D DIVORCED	MONTGOME		Ϋ́	MD.
	OLNEY	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A TERY GENEY	ADDRESS)	OSPITAL	Registe:	of working life)	126 KIND (INDUSTRY NUTS	OF BUSINESS OR
13a 3	AL RESIDENCE (IF NURSING HOME O 131 COU	ROTHERINSTITUTION, NTY Oward	GIVE RESIDENCE BEFORE 114 CITY OF TOWN Highlan		13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS		idge	Rd.2077
\$ E	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N			1.4	
1	Dominic	MIDDLE	Iafo11	a	Maria	V		Tar	quinio
	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADD			
	no or unknown) - (IF YES, GI	TE WAR OR DATES)	187-26	-830	B Jack L.	Johnson,	. same		13E
	18 CAUSE OF DEATH (Enter o		line for (a), (b), one	licia		1		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSI	TE CAUSE (o)	rotors	vito.	· Castin	- Carrer	coma.	12	186
7	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR COI	NDITION GIVEN	IN PART 1	to
CERTIFICATION	THE DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		NG CAUSES	NGS USED S OF DEATH?
	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	T I OR PART 2)	
WEDICAL	LIF EITHER, NOTIFY MEDICAL EXAMINE	P. PLACE		19	211 LOCATION				
WEI	WHILE NOT WHILE AT WORK AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
	220 I certify that (I) (this hasp now the deceased alive as a (I) (Gid) (did no			ر م	nd that in (my) out) pinio		dote and hour a	ind fram the	
	234 Degrature S	and	00	ME		MEDICAL ST.	AFF ICIAN []	12 DATE	SIGNED 14/86
	HINSICIAN'S NAME (TYPE	\	MEU,	MD	2901 Olne	s R8.00	new W	8.2	0832
	BURIAL, CREMATION, REMOVAL (SPECIFY) BULLAT				EMETERY OR CREMATORY IS CEMETER	CIGINA			d Må.
	uneral director F1 eck Funera:		Sandy S Inc. La			EC 1 7 1986	R 256. REGISTRA		
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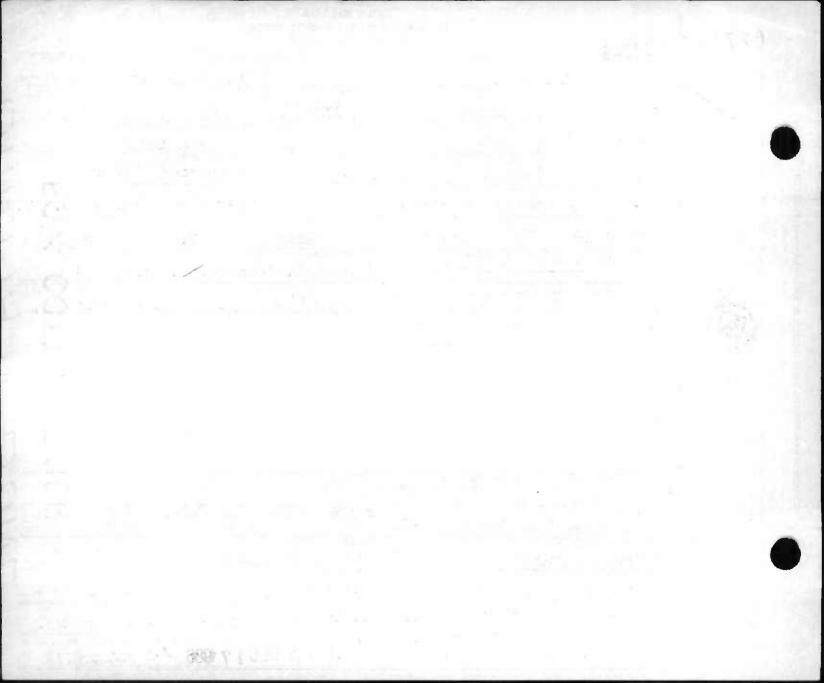
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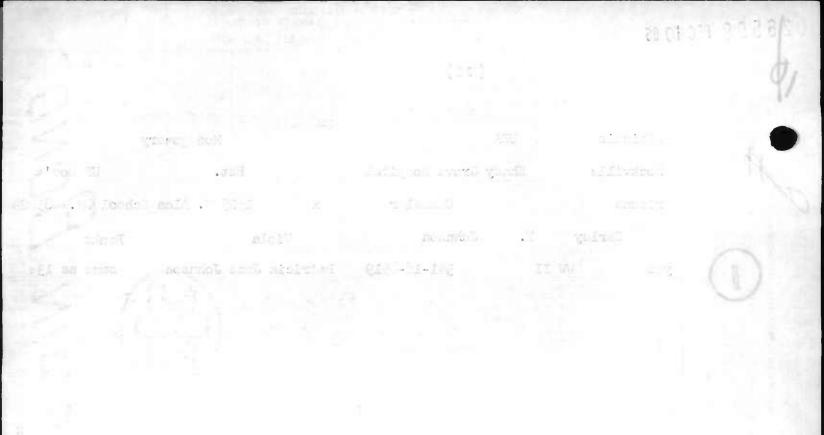
DHMH - 16 60M 7/B4

FOR

027555

(VRA 15, 4)





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Divider Rendert

0	C t	FOR STATES SECULORAR	DE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRST OR PRINT; OUS SE	A. RACE	JO S. DATE C		20 DATE OF DEATH						
1	70. BI	RTHPLACE (STATE OFFOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIE	- 26 - 189°	9 BALTIMORE CITY	YRS. DAT					
5	10. ci	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	VE STREET ADDRESS)	Name and Address of the Address of t	120. USUAL OCCUPA) (TYPE OF WORK FOR MOST) HOUSEU	OF WORKING LIFE) INDUSTR	OF BUSINESS OR				
5	130 E	THER'S NAME	ont g. Ko	Rvile	13d. INSIDE CITY LIMITS? YES NO	319 LING	oln Ave /	20850				
1		VAS DECEASED EVER IN U.S. AR	K	AL SECURITY NO.	17. INFORMANT 8 Christin	e Jackson	rnes Washi I	stow, SIN				
	1	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Car	diac - C	nast	APPR BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH				
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(c)	Oras a consequence of Corverary afficiency of Contributing to Death But not related to the terminal disease or condition given								
2	CERTIFICATION	190 DATE OF OPERATION	198. CONDITION FOR	0 - C	registin	200 AUTOPSY? YES NO	200. IF YES, WERE FINE IN CERTIFYING CAUS YES [DINGS USED				
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MON' P.M. 210. PLACE OF INJURY	19	21f. LOCATION	URRED (ENTER NATURE OF INJI		STATE				
	M	WHILE NOT WHILE AT WORK 220.t certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did not 22b. SIGNATURE	12/0	19 86 ar	DEGREE ATTENDING	3 , to 121 an death accurred an the c	date and hour and from the 220. DA	, that (I) (we) last				
			Jokas 1	MA	809 VIX	s Mill Ra	1. Rocky	le Me				
		BURIAL, CREMATION, REMOVAL Burial	12-15-86	Lincoln	emetery or cremator n Park Cem	. Rockvil	le, Montg					
		eorge R. Snow	246 N. den Rockvi	Washing Tie, MD	20850 L	TATE REC'D. BY REGISTRAL	256. REGISTRAR'S SIGN	ATURE				

DHMH - 16 50M 4/B2 (VRA 15, 4)

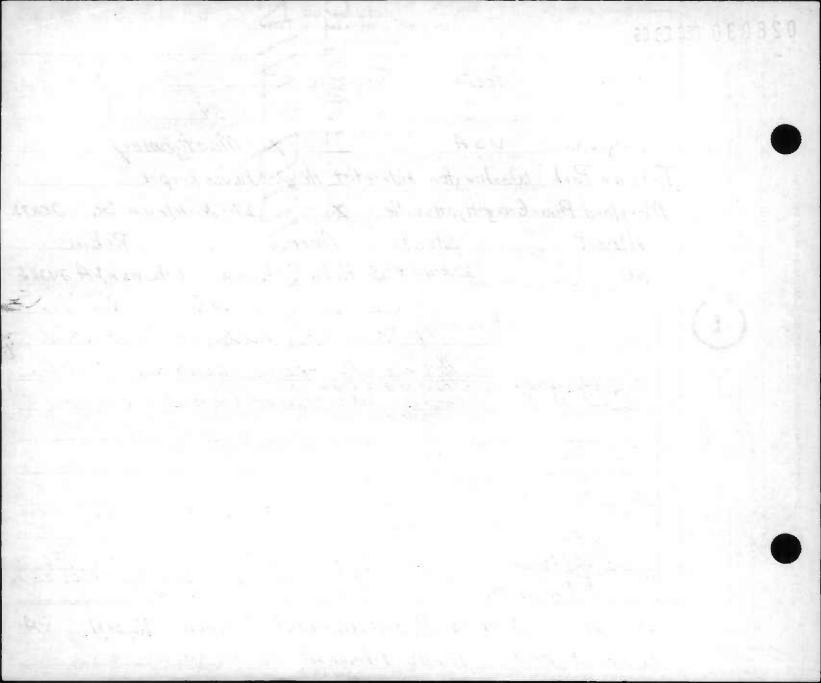
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STATE OF MARYLAND

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	- 0 0 0 0 01	4.5	STATE REGISTRAR		CERTIFICATE OF DE	ATH	EG. NO.	
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEA		YEAR 26 HOUR
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	poge dest		Melissa	270015	Johnson			N P M
	Ter po	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY) IF UNDER	RIYEAR IF UNDER 24 HRS
	ge 4		F	C. \	5 15	32 54	VRS VRS	DATS HOURS MIN.
	Podir Po	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8 5	- P BALTIMORE C	TTY OR COUNTY OF DE	ATH
	of Zo		COUNTRY	1150	MARRIED NEVER MA		I amount	,
	thun de	38.C	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		UTION 120 USUAL OCC	1190mery	KIND OF BUSINESS OR
	# # # # / / # / / # / / # / / # / / / # / / / / # / / / / # /	1-	7 D 1	(IF NOT IN SUCH FACILITY, GIVE STREE	ADDGESS)			USTRY
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SE	dico dico			MED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT		ADDRESS	
¥	9 50 9		NO	228-44	1-1053 Keha	Solomon	Lehanon	VA 24266
BALTIMOR	d = 1 = 1 = 1		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), o		<u> </u>		APPROXIMATE INTERVAL
8	9 4855		PART I. DEATH WAS CAUSE	D BY:	elpin L	ne Alder	X 1	ELWEEN ONSE! AND DEATH
ST	1 (61 1)	1	IMMEDIA1	TE CAUSE (o)	- Jula 18	is a war		9.419
PRESTON	# (23 L)	1		DUE TO, OR AS A CONSTAL	ENCEOF	1 nove V	V -	20
ESI	8 9 9		Conditions, if any, which gove rise to immediate	(b)//	relegner	A Melan	Talen 1	unity
0.	2 2 2 2 3		couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF			20
3	10 to 10 to		underlying cause last.	(10) 1/22	ni clisa	encer (ar	curren 1	neally
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ő	111177	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORA	AED 20g AUTOPSY	2 20h JE YES WERE	FINDINGS USED
RE	9 7 7 7	F.	The DATE OF OFERNOON		TOTERATION WAS TENTON		IN CERTIFYING C	AUSES OF DEATH?
AL	4 4 4 4 4	Ē				YES NO		NO 🗌
5	Z 2 3 3 5 5 7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- 1	AY YEAR VIC. HOW INJU	IRY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PART I ORF	PART 2)
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o	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			UNITY STATE
DIVISION OF	4 5 1 4 6 9 P	₹	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) STREET	ÇII	Y OR TOWN COU	JAIL STATE
ā	N 2 4 5 4 5			A IN CAR CALL MADE AND COME IN COME	11/30	· 86	1)/11	7
	No Kara	1	sow the deceased alive an	ital) attended the deceased from	0 - /	19_7/\$, to/	19 2	thot (I) (we) lost
	AATT AATT AATT AATT AATT AATT AATT AAT		abave, (1) (we) (did) (did no	ot) view the body ofter death.	*	ur) apinian death accurred on		
	A # # # # # # #		226. SIGNATURE	1 1	DEGREE			C DATE SIGNED
	A A A A A A A	1	Delle	weth Cres	e MO PH	ENDING MEDICAL YSICIAN DIRECTOR F	STAFF PHYSICIAN	412/86
	FUNER old be d	1	224. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	431 Mari	171SI 26	BUNDEN
	A PER		KFM	WETH CAL	175 NAD	21	9027	, JEVN C P
	5 5 5 5 3	22	William Communication	1001 0115	NAME OF SEMITERY OF SO	Tar Locatio	103	
	22	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CRI	EMATORY 23d. LOCATIO		IV STATE
	BP		HUrial	112-14-86 K	155ell 111eme		on Kuse	·11 VH
	DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR	ADDRESS	. / 11	25a DATE REC'D. BY REGIS	TRAR 256 REGISTRAR'S S	IGNATURE
	(VRA 15, 4)		Frank J. 6	ext BN21	6 Lebanan Or	4 2 2 1986 /	win Kinder D	. Jack
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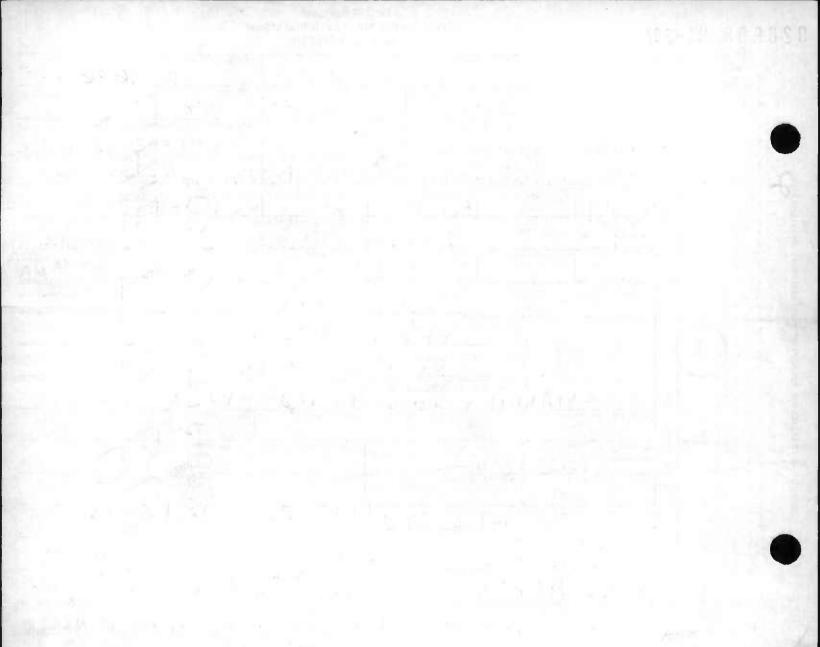


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2	7 £		CEASED NAME	VILLIÈ		MIDDLE	at the state of th	phoson	2a. DATI	OF DEATH MONT	H DAY	20	10:03PM
	ector, po	3. SE			Bla	CK	5. DATE O	FBIRTH Jan. 1	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNI	DER TYEAR	HOURS MIN.
•	70		IRTHPLACE (STATE OR COUNTRY)	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY	? B MARRIED WIDOWEI	NEVER MARRIED DIVORCED	7 0	MORECITY OR CO	UNTYOFE	DEATH CO	un tymo
<u></u>	11 7/	10	roun of de.	do	Jash NOT INSU	CH FACILITY, GIVE STREET	et addaess)	ROTHER INSTITUTION		ALOCCUPATION WORK FOR MOST OF WOR CULIVE SI			BUSINESS OR
AND 21	By titled	À	AL RESIDENCE (IF NUR	136 COUNTY	HER INSTITUTION	134 CITY OR TO		130. INSIDE CITY LIMIT	22	ET ADDRESS / ZIP	CODE R	1.#101	D783
MARY	100/60	1	SACK	MID		JoHI	V.SOIV	EUNIC	DE	WIDDLE		LAM	AR
TIMORE	12		WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE W		24/4	0 0092	MARIA JOI	INSON	2206 P	HELPS	_	DI M.D.
ST. BAL	g physic onpoper emoval, event, th		PART I. DEATH V	(Enter only of VAS CAUSED E IMMEDIATE (BY.	r line for (a), (b), a	DIAZ	ARI	EST	des		APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
PRESTON ST	attendin contra	1	Canditions, if any		DUE TO, C	OR AS A CONSEQUENCE	PTIL	SHO	ck				
3	4	1	cause (a), statii underlying cause	ng the lost	(_(c)	DR AS A CONSEON	AEB		(110		7,20		
ORDS, 2	7. Then p	FICATION	PART 2. OTHER SIG	DIAB	チッチ	5 VF	11041	WAS PERFORMED	1	RENA	12	PART Ita	RE
TAL REC	store has been supplemented by	CERTIFIC	21a. ACCIDENT WAS UN		21b. TIME (II OFERATION	21c. HOW INJURY OC	YES [NO P	ERTIFYING YES [CAUSES	
DIVISION OF VITAL RECORDS, 201	ocertifica Surveilities Membel H	MEDICAL C	OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEATH	HOUR A	M. MONTH I	DAY YEAR	21f. LOCATION	COMMED	K NATURE OF INJUNCTION		Jn (200) 21	
DIVISIO	After the cost the the co	ME	ALWORK NOTW	HILE	(AT HOME ST	REET FACTORY, OFFICE		STREET	7	CITY OR TOWN	10	OUNTY	STATE
	RECTOR of Her		sow the decease above, (I) (we) (ed olive on	15	16 19	8 b. on	d that in (my) (our) apr	nion death occ	urred on the date or			
	ERAL DB		22d. PHYSICIAN'S N	AME (TYPE OP PE	des-	ja.	~	ATTENDIN		AL STAFF OR PHYSICIAN		12(1	286
0	PORT PORT		k. Su	AHQ	KAY	2		LANGE	EYT	ARX	MA	SALL	112/2

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

236 DATE



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. N				
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR

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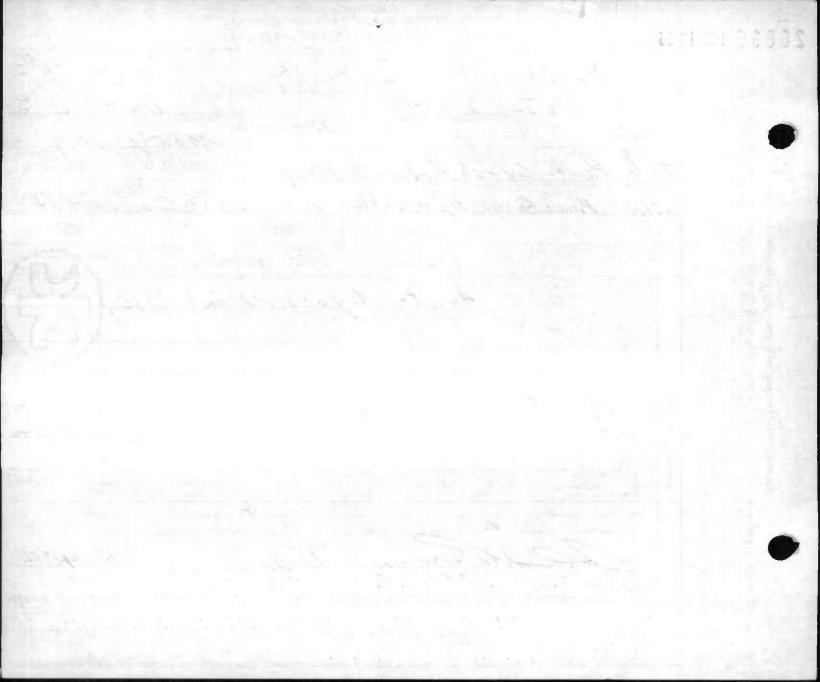
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						KEO. IV	·		
DECEASED NAME	FIRST	MIDDLE	į.a:	ST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Hester	E.	John	nston		December	31. 1	986	11:25 8
SEX	4 RACE	7.7.6.	5. DATE OF	F BIRTH		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Whi	te	Nover	mber 27.	1900	86	YRS	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE)		OF WHAT COUNTRY?	8			9 BALTIMORE CITY O	1110	OFDEATH	
Pennsylvar	of a II	C A		NEVER MARI		_	_		
CITY OR TOWN OF D	DEATH 1. NAME	S.A. OF HOSPITAL, NURSIN	WIDOWED			Montgomery 120 USUAL OCCUPATI			MD F BUSINESS OR
	(IF NOT II	N SUCH FACILITY, GIVE STREET	ADDRESS)			TYPE OF WORK FOR MOST C	F WORKING LIF	EI INDUSTRY	
ilver Spri	LINE H	OLY Cross F		<u>a.L.</u>		Homemaker	•	Но	ome
STATE	VIII COUNTY	13c. CITY OR TOW	'N	134 INSIDE CITY L		130 STREET ADDRESS			
Maryland	V -	Baltimon		YES NO	_	3216 Monte	bello	Terrac	e/ 2121
FATHER'S NAME	MIDDLE	LAST	1000	 MOTHER'S MA FIRST 	IDEN NAM	MIDDLE		LAS	T.
James	M.	Carnahar		Amy	02.11	_		eely	
WAS DECEASED EV	ER IN U.S. ARMED FORCE		IRITY NO.	17 INFORMANT		ADDRE	SS		
No	None	177-07-0	1483	Ronald .	Johns	ton (Son) S	ame a	s # 13.	
18 CAUSE OF DE.	ATH Enter only one couse								MATE INTERVAL ONSET AND DEATH
PART I. DE ATH	WAS CAUSED BY:	Pneumonia							reek
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Canditions, if a)(
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underlying cou), or as a conseque	ENCE OF						
	(c)							
	IGNIFICANT CONDITION	S CONTRIBUTING TO I	DEATH BUT N	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 10	3
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19a DATE OF OPE	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WA		WAS PERFORME	D	20a AUTOPSY?		YING CAUSES		
						YES NO X		5 🗌	NO 🗌
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OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19						
21d. INJURY OCCU	URRED 21e. PLA	ACE OF INJURY		211 LOCATION					
	WHILE	E. STREET, FACTORY OFFICE F	ARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
	WORK	d the decessed from	Dec.	28	. 86	. Dec.		86	d mal .
	osed plive on De	c. 30	86	,	aninian di	eath accurred an the do	to and have		that (I) (was last
obave, (1) 574	(did) (don't view the b	ady after death.			opinion di	com occurred on me oc	ne ond nou		
22b. SIC NATURE	nn	coake 11	n	EGREE	NDING	MEDICAL STAI		22c. DATE	
1 400		yeuren				DIRECTOR PHYSIC		Jan/	1/87
226. PHYS CIAN'S	NAME (TYPE OR PRINT)	V	437(4)	22e ADDRESS					
Joann	urquhart.	M.D.		10407	na c	eorgetown F	d Ro	theeds	Mazzel -
BURIAL CREMATIO			NAME OF CE	METERY OR CREA		1236 LOCATION	u. De	onesus,	MALATS
Burial		1- 1				CITY OR TOWN		COUNTY	STATE
FUNERAL DIRECTOR	Jan/	5/06 Fr	ranklir	Cemete:	TV CATE	Sugarcree	k Bor	ough, P	ennsylv
NAME		ADDRESS				REC'D. BY REGISTRAR		RAR'S,SIGNAT	ÛĶE
nambers Fu	meral Home	Silver Sn	mine 1	See freed		N 7 - 1987	21	1	

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	関系が発出	(TYF	E OR PRINT)	aullin.	e /	11.	7.11	ZOUNKY	OF DEATH	MATED DO	4 10 FA 19
	REGREE	3. SE			ATE OF BIRTH	YEAR LAST BI		DER 1 YR. IF UNDER		E MONT	DAY YEAR 28 HOU
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5	7 SE PATO	17	2 K /2	VK L	1251	1 / /1/	und	1-1018	FORMOUSE	uitse V	Own Home
- 5	- desag		L RESIDENCE	HOME OR OTH	HER INSTITUTION, GI	VE RESIDENCE BEFORE AD		113d. INSIDE CITY LIMITS?	13e. STREET ADDR	ess 207	83
232	A CREED A	1	111 1	unere 6	DIVICE.	Hyp Horu	11/2	YES NO	2300	DC21	vortit
ON ON	TASA T	19	ATHER'S NAME	MI	DDLE	I a classin and		15. MOTHER'S MAID	EN NAME	MIDDLE	Bell
100	AN PREA	T	iba			Mossman		Ethel			
TWO	A SECOND	16a. \	VAS DECEASED EVER	(IF YES, GIVE WAR O		16b SOCIAL SECT		17 INFORMANT	olkovsky,		vert Street
1	A PAG	1				259-52-9	595	Jacan 3	ocko osky,	Hyattsvi	lle. Maryland
(3	A PER S		18. CAUSE OF DEAT	TH (Enter only on VAS CAUSED BY:	e couse per line	far (o), (b), and (c).)		, 4	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18	A FREE PARTY		TAKITEEATITY	IMMEDIATE CA		doule	M	YOCZV	012	()is	
22.5	NHY AND WASHINGTON		Canditians, if	any which	DUE TO, OR	AS A CONSEQUEN	ICE OF				
8	ED WITHII PENCIL II AMINER L-TRANS AENTAL H		gave rise to	immediate	(b)						
3	TED WITHIN N PENCIL IN XAMINER AL-TRANSI MENTAL HY		lying cause last		DUE TO, OR	AS A CONSEQUEN	ICE OF				
DIVISION OF VITAL PECORDS 201 W.	ULD BE EXECUTED TO THE MEDICAL EXAMINATION OF TH		O LOT O OTHER CICALITY	NY CONOLLION CONT	(c)						
Cac	ENDING MEDICA MEDICA AS A BU SEALTH AI CREMA	z	PARI Z UTHER SIGNIFICAL	AT CONDITIONS CONTR	KIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a):		
OH OH	MEDICAS AS A CREW	18	19a. DATE OF OPER	ATION	TISE CONDI	TION FOR WHICH C	PERATION W	AS PERFORMED?			20 AUTOPSY?
3	SHOULD SROWIE CHIEF A E USED T OF HE.	J.	1	one	176. COND.			7.01.211.011.120.			YES NO. P
>	IFICATE SHOULE TO THE CHIEF TO THE CHIEF HOULD BE USED ARTMENT OF HE OR TO BURIAL,	CERTIFICATION	210 EXTERNAL CAU	JSE WAS	21b. TIME OF		21c H	OW INJURY OCCURRI	ED (ENTER NATURE OF IT	NJURY IN ITEM TS PART 1 OF	
2	RTIFICATE WG THE WO TO THE SHOULD BE PARTMEN		UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT		MONTH DAY					
0181	CERTING DED TO 3 SHO DEPA	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY (AT HOW	E. 211 LC	CATION			
2	THIS GER WARDED PAGE 3 S STATE DEF 21201 PR	3	WHILE NOT	WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TO	NWC	COUNTY STATE
	RE TH				the remains day	aribod about hadd	on Aufine	m [7] toronto	Inquiry		
	ANTERNA		death resulted from		-21	Accident Accident	Suicide	Homicide .	Undetermined m		opinion
	RECOMMENDED BE		death resolled from	n: Natural Co	auses,	Accident	Suicide	TITLE (SPECIFY)	Ondetermined in	ionner,	
	S S S S S S S S S S S S S S S S S S S		ACTUAL	2	11/	Free -		o Dan	MEDICAL EXA	DA DA	18200 4×1987
	SE S		67	חם דמו	IN S. RI	Margo II	9	2919			1
	A PER CHANGE		EXAMINER'S NAME (TYPE OF PRINT)	VK. JUI	IN S. RI	JOLKS, M.	ν.	ADDRESS SILL	ER SPRING	3. MARYLAN	ID.
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERLA DIRECTOR: PAFTER DEATH, WITH THE SIT AMENTAND, 2	23a B	URIAL, CREMATION, I				CEMETERY	R CREMATORY	23d. LOCATION	-	OUNTY Maryland
07/8	4 BP		rial		2/5/198		Lebanor	Cemetery	Adelphi.	Prince G	Geroge's.
25M	DHMH - 17	001	VINERAD DIMECTORY	EIN HEBF	REW WEMO	ORIAL FUNI	ERAL HO	MIL DEAD	REC'D. BY REGISTR	AR 256 REGISTRAR	SSIGNATURE
	(VR A15 ME (5))	23:	CARROLL	STREET,	N. W.,	WASHINGTO	UN, U.	C. 4500	o wow gr	Ma Davidson	Rendo



027401 DEC 17-68ATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3. SEX Female BIRTHPLACE (STATE OR FOREIGN Marvland ID CITY OR TOWN OF DEATH Gaithersburg

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Joppy

5. DATE OF BIRTH

Sept

MONTH

WIDOWED

17116 Oueen Victoria Ct

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

15,

MARRIED NEVER MARRIED

REG. NO 20. DATE OF DEATH MONTH

86 Dec AGE (IN YEARS LAST BIRTHDAY)

2b HOUR

1880 106

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR

[TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Housewife None

13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Gaitherburg YES K NO [15 MOTHER'S MAIDEN NAME

DIVORCED

17116 Oueen Victoria MIDDLE Teresa

Lyles

16b. SOCIAL SECURITY NO. Same As 17 INFORMANT 13#E Ms Catherine Joppy (Daughter

18. CAUSE OF DEATH (Enter only one couse per line for (a) 1b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE 10]	20'
Conditions, if ony, which gove rise to immediate	1 Tev.
couse (o1), storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF CIVILINATION COURSE (c)	1570
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 10

19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M.

P.M

21e. PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC)

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Magruder

Louise

FIRST

Teresa

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Montg.

MIDDLE

(IF YES, GIVE WAR OR DATES)

136 COUNTY

Md

Hillary

(YES, NO OR UNKNOWN)

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

14. FATHER'S NAME

Black

MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

ATTENDING

PHYSICIAN

206. IF YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

21f LOCATION CITY OR TOWN

20a AUTOPSY?

STAFF

NO /

220.1 certify that (1) (this hospital) attended the deceased sow the deceased alive on above. (I) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

WE THE ORPRINT 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b. DATE 12-10-86 Burial

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

IF EITHER NOTIFY MEDICAL EXAMINER

21d. INJURY OCCURRED

231. NAME OF CEMETERY OR CREMATORY Lincoln Park Cemetery

23d. LOCATION

14 DIRECTOR | PHYSICIAN

Rockville, Montg. REGISTRAR 156 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

George R. Snowden

246 N. Washington St. Rockville, MD 20850

the State

ORTANT

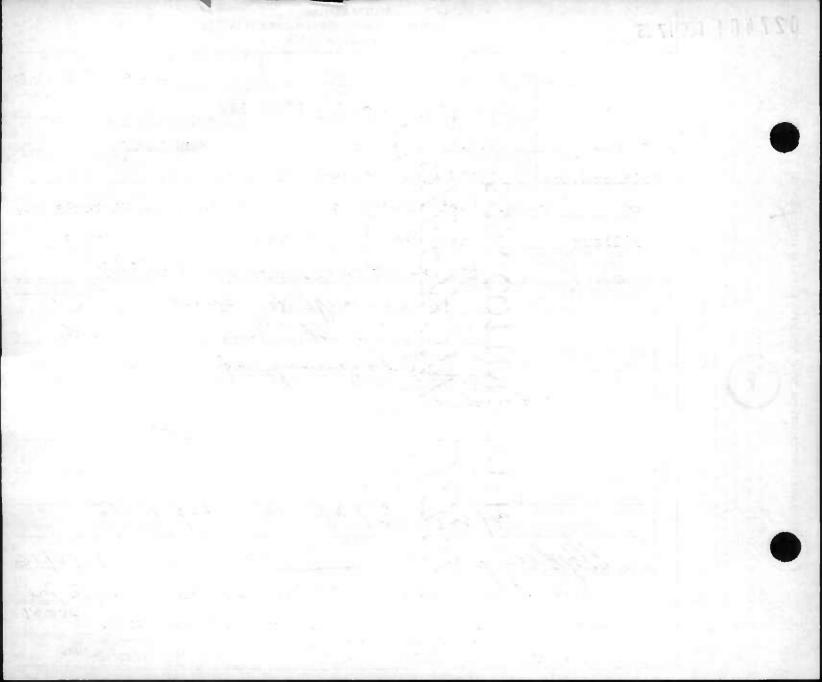
DHMH - 16 60M 7/84

PUNERAL DIRECTOR

(VRA 15, 4)

CERTIFICATION

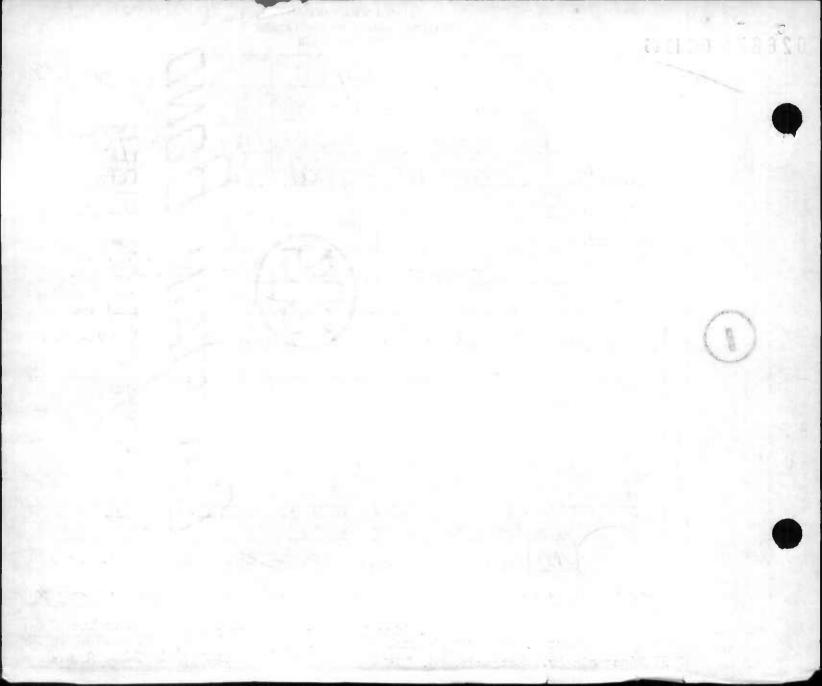
MEDICAL



026674

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ed i	FOR STATE STATE STATE	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		
5	PECHAPITAME FIRST	CE G.	Kady	20. DATE OF DEATH MONTH	02-86 5 A
	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
_	emale	caucasian	July 7 1903	TRO	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Connecticut	76 CITIZEN OF WHAT COUNTRY United State	MARRIED NEVER MARRIED	0 1 / 1 / OY/TYOTTR	ery County
5	bethesda	(IF MON IN SUCVERACILITY GIVE SARE)	ING HOME OR OTHER INSTITUTION (CADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I HOMEMAKET	NDUSTRY OWN home
130	a. STATE 13b. CO	or other institution, give residence befounty 130. CITY OR TO to the town of the control of th	WN 1136 INSIDE CITY LIMI		Ave.,/20852
14	FATHER'S NAME Frederick	P. Gebhardt	IS. MOTHER'S MAIDE FIRST Mar	y MIDDLE	Graham
	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 578-26-8		K. Betts, 2909	D.C. 20008 34th St. NW
		anly ane cause per line far (a), (b), a SED BY IATE CAUSE (a)	Manual Olice	uM .	BETWEEN ONSET AND DEATH
ATION	1	DUE TO, OR AS A CONSEON T CONDITIONS CONTRIBUTING TO	JENCE OF	TERMINAL DISEASE OR CONDITION G	VEN IN PART TIO
CERTIFICAT	710 ACCIDENT WAS UNDERLYING			YES NO X IN CERT	IFYING CAUSES OF DEATH?
MEDICAL CE	an contratation of course or	DEATH HOUR A.M. MONTH I	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	PARM ETC.)	CITY OR TOWN	COUNTY STATE
	sew the dised alive	spital) attended the deceosed from an	DEGREE	The to Delta pinian death accurred on the date and ha	that (t) (we) lo ui and from the causes stated 22c DATE SIGNED
		heym on	120 ADDRESS	AN DUE Belle	(e, M 20819
	BURIAL, CREMATION, REMOV (SPECIFY) Burial	Dec.5.1986Ft	NAME OF CEMETERY OR CREMAT	ry Brentwood.	Maryland State
		t A. Pumphrey Fu		a DATE REC'D. BY REGISTRAR 256 REGIS	TRAN'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 0 7 DEC 15 86- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH MIDDLE ETYPE OR PRINTS Kiki Dec. 2, 1986 Kaisell IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Female White 19, 1896 Sept. To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Greece Greece WIDOWED 3 ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) HOME 8902 Linton St. Silver Spring (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MD Mont. Silver Springyes X 8902 Linton St NO [15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Unknown Vasilios Stauropoulos ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Silver Sprin (IF YES, GIVE WAR OR DATES) Angie Steagall 13011 Hathaway 577-07-2775 No 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY Respiratory Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Pneumonia Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Urinary infection-sepsis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Prolapse Uterus 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 🗔 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL

21e. PLACE OF INJURY

Dec. 2

220.1 certify that 🕱 (this haspital) attended the deceased fram

saw the deceased alive on DEC
abave, (1) (we) (did) (did not) view the bady after death.

Kempanna Sudhaker, M.D.

86

AT HOME STREET, FACTORY, OFFICE, FARM ETC |

ATTENDING

and that in (my) (aur) apinian death accurred on the date and have and from the causes stated

22c. DATE SIGNED.

PHYSICIAN DIRECTOR PHYSICIAN

211 LOCATION

22e ADDRESS

MEDICAL

3230 PA Ave. SE Wash., DC 20020

STAFF

Brentwood, MD

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

be de

ld b

ö ā

b

Mentol Hygi

23a, BURIAL, CREMATION, REMOVAL (SPECIFY) Rurial

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

224. PHYSICIAN'S NAME (TYPE OR PRINT)

WHILE NOT WHILE

226 SIGNATURE

12/5/86

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.

DEGREE

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

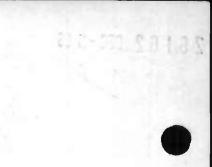
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		92.12	ne violentino		
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		ก เหตุอลาสุดได้ จัดไม่เ	, Averages		
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3.5	285 € .096		62/0 ⁹⁶	•067	*

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Young the sufficient of the second of the se

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE YEAR 7h HOUR 86 1205 IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR 13e STREET ADDRESS / ZJP CODE MIZUTIS KALBACH 11516 LUCKNOOD DR N CERTIFYING CAUSES OF DEATH? NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED SILVER CITY OR TOWN FRAC



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	10	REGISTRAR				CEKTIF	ICATE OF L	EAIR	REGN	0				
1		EASED NAME	FIRST		MIDDLE				20 DATE OF DEATH	-	DAY	YE AR	26 HOL	JR
1	THE C	OR PRINT)	ozetto	Tano	т	Kà	ne		Novembe) /7	28	86	5	4 M
	3. SEX			RACE	=	5. DATE C			6. AGE (IN YEARS LAST BI	(THOAY)	IF UNDE	RIYEAR	IF UNDER	
	Fo	male., -		W		MONTH		33	53	YRS	MONTHS	DAYS	HOURS	MIN.
1	7a. BIR	THPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE CITY		Y OF DE	ATH		
		hington.	p. c.	USA		WIDOWE	D D DI	ORCED	Montag	mohil				MD.
5		Y OR TOWN OF DE	ATH 11.	NAME OF	HOSPITAL, NURSIN		R OTHER INST	TITUTION	12a. USUAL OCCUPAT	ION	12b	KIND OI	F BUSIN	
	Sil	ver Sprin	a l			pital			Homemaker	JF WORKING L	IFE) IND	USIKI		
-		L RESIDENCE (IF NUR		ER INSTITUTION		E ADMISSION)	1 13d. INSIDE C	COTIANITO	13e STREET ADDRESS	/ 7IP COD	E			
		uland	Montgo			prina	YES	NO [406 Valle			Hive	,	20904
		THER'S NAME	MIDI		LAST	b. och ca		MAIDEN NA	ME	9 6000	17.1817			707
)		Hubert		r.ow	Theb	a		rest retto	MIDDLE			Grad		
7		AS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU	<u> </u>	17. INFORMA	OC DED	ADDR	ESS		GMIM	·.V.	
	No	ES. NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	579-48-5	0.45	Eugene	T. Kar	re Husband	Sam	e as	12		
١		18 CAUSE OF DEAT	H (Enter only o	ne couse ne			Trude VIE		LVIIIZ) DIA III	30111	1 8	APPROXI	MATE INTE	RVAL
		PART I. DEATH V	VAS CAUSED B	Y:		PiRan	- C- 1	Collar-	4 9				الرو ميو د	/ULAIN_
			IMMEDIATE C											
		Conditions if any	L.C.L	DUE TO, O	Cazau		Flang	Puc	moned		- 1 :	5 mi	2	
		Conditions, if any gove rise to im	mediote	(b)	,		1	1 33 42	ac out of					
		cause (a), statis underlying cause		DUE TO, O	R AS A CONSEQU	ENCE OF	,							
		DART 2 OTHER SIG	NUE ICANIT CON	(c)	ONTRIBUTING TO	DE ATH BUT	NOT DELATED	TO THE TERM	INAL DISEASE OR CON	IDITION CI	VENLINIE	DART I		-
	Z	TART 2 OTHER SIG	INITICALITY COL	10110113 <u>C</u>	ONTRIBOTING	DEATH BOT	NOT KEERIED	TO THE TERM	TIMAL DISEASE OR CON	DITION GI	A E I A II A I	ARTITO		
	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YE				
7	띪								YES TI NOT	IN CERTI	IFYING (AUSES	OF DEA	
-	ER	21a. ACCIDENT WAS UN	DERLYING	21b. TIME C			21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJU			PART 2)		
Ì		OR CONTRIBUTING			.M. MONTH D									
	MEDICAL	(IF EITHER, NOTIFY MED 21d, INJURY OCCUR		21e. PLACE	.M. OF INJURY	19	211 LOCATK	N						
	Æ	WHILE NO! W	HILE D	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TO)WN	CO	UNTY		STATE
		22a.l certify that (I		ottended th	ne decensed from	11/1	g	10 8 5	10 11/28		10 8	-	thot (I) {	(we) lost
		saw the deceas	ed alive on	11/2	8 19	8 (-		(aur) apinian	death occurred on the a	ate and ha	ur and fr			
		obove, (I) (we) (22b. SIGNATURE	did) (did nat) v	iew the bady	after death.		DEGREE		-		22	c DATE	SIGNED	
			RH	5	24	Zu. C		TTENDING	MEDICAL STA			11/2		
-		22d. PHYSICIAN'S N			24	m. 1	22e. ADDRES	PHYSICIAN [DIRECTOR PHYSI	JIAN []				
		EDO	-AR H	LE	IIM		98	31 (+ 6-	rain AJ	Ç.				
	73a B	URIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR		23d LOCATION	- 1				
	(:	SPECIFY)		_					CITY OR TOWN	Contraction	COUN	TY		STATE
		WILL DIRECTOR		Dec. 1.		-	neaven		<u>ry Silver</u> E REC'D. BY REGISTRAF	256 REGIS	TRAR'S	SIGNATI	URE	
		NAME			ollinsopessJ		11.1	nr	C 4 1986	Julia	Dund	wr. 7	Panda	Life.
	15/1/	Mainonsi	TH KINC	1 11/	SILVION	NULLING	IVIT .	-	- 1 1000	IC/				

Silver Spring

DHMH - 16 60M 7/B4 (VRA 15, 4)

500 University Blvd

BP

Standard Residence - 3

A110 - A110

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 m etained by the hospital or ottending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the artificiding physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then place temperature artificial pages I and 2 should be filed within 72 hours offer with the State Deat of Health and Mental Waterne prior to burial to removal.
MPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examiner must be partitled at ance

FOR STATE REGISTRAR			DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 6	0.	5 / 7	ช
EASED NAME	FIRST		MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOU	
23185	CEL	A		KAPLAN	.76	EC 14 1	1986 830	Ph
EMALE	2.	4 RACE WHITE		DECEMBER 25, 1898	6 AGE (IN YEARS LAST BIR	YRS.	DER I YEAR IF UNDER S DAYS HOURS	MIN.
THPLACE (STATE	OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	MONT GOME			MD.
LVER SP	RING	HOLY	CRUSS" HUS		120. USUAL OCCUPATI (TYPE DE WOOKEPINGST)		BUSINE PLIRNITURI FLIRNITURI	SS OR
RYLAND		GOMERY	GIVE RESIDENCE BEFORE	ON YES NO [4	ZIP CODE RROLL PIA	20895 CE	
THER'S NAME INASCERTA	AINABL	ilidole (U	NASCERTAI	NABLE) (UNÁSTCERT		(UNAS	SCERTAINA	BLE)
AS DECEASED EV		RMED FORCES? VE WAR OR DATES)	578-48-4		LEWAN DOWSKI	IAIAA	WOODWELL	TERR.
18 CAUSE OF DE PART I. DE ATE	H WAS CAUS	ED BY: .TE CAUSE (a)	line far (a), (b), and	R PNEUMONIT	*		APPROXIMAL INTER BETWEEN ONSET AND	VAL DEATH VS
Canditions, if a gave rise to couse (a), st underlying ca	immediate	(b)	r as a conseque					
PART 2. OTHER S		CONDITIONS CO		DEATH BUT NOT RELATED TO THE TER	minal disease or con	IDITION GIVEN IN	PART I(a	
190 DATE OF OPE	RATION	19h COND	TION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATI NO	H?
21a. ACCIDENT WAS	L	216. TIME O		YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 O	OR PART 2)	

SENILE EMBN. 190 DATE OF OPERATION 19b. CO 71a. ACCIDENT WAS UNDERLYING 21b. TIM OR CONTRIBUTING CAUSE OF DEATH HOUR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 220.1 certify tha (1) this hospital) attended the deceased fram 1)0 saw the deceased alive an abave (1) (we (idid) (did not) view the body after death and that in (my) (aur) apinion death accurred an the date and have and fram the causes stated

230. BURIAL, CREMATION, REMOVAL

MARTIN

HARGEL

22e. ADDRESS

ATTENDING

PHYSICIAN

DEGREE

MEDICAL STAFF 3720 FARRAGUT AVE

BURTAL

FOR - STATE REGISTRAR DECEASED NAME

FEMALE

POLAND

14 FATHER'S NAME

MEDICAL

TO BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

USUAL RESIDENCE IN NURSING

MYS. NO OR UNKNOWN)

SILVER SPRING

(UNASCERTAINABLE)

160. WAS DECEASED EVER IN U.S. ARMED FORCE

23b. DATE 12/16/1986

TYPE OR PRINT

C

23c NAME OF CEMETERY OR CREMATORY JUDEAN MEMORIAL GARDENS

KELSING-TON,

"ULNEY, MONTGOMERY, MARYLAND

24 DUNALDREDTOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

letely filled in by the funeral director, page 3 g should be filed within 72 hours after death

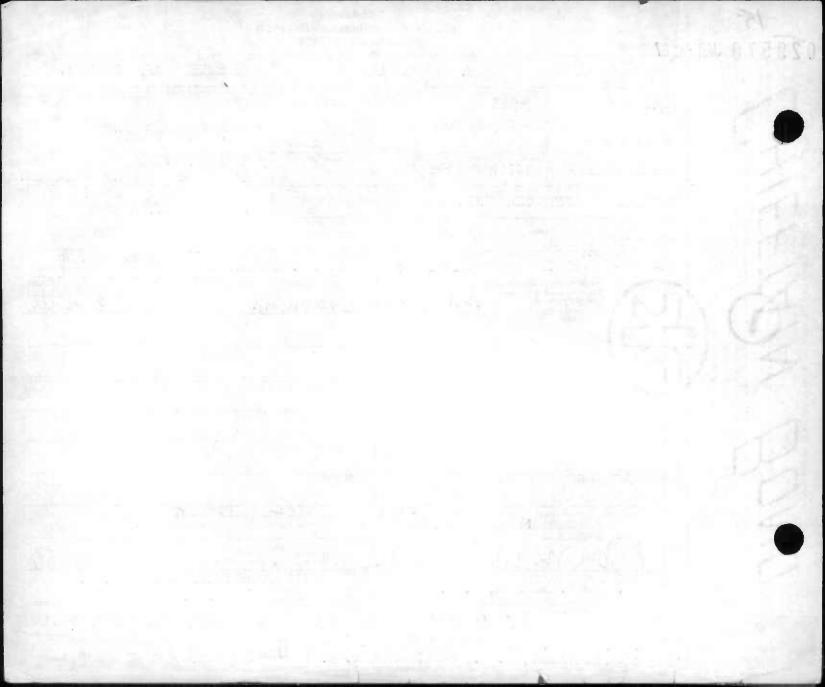
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

C	FOR STATE FEGISTRAR		DEPAR		EALTH AND MENTAL HYG	IENE REG. N	0.	
	DECEASED NAME TYPE OR PRINT) JAIR		S.	KAPL	AN	DECEMBER	MONTH DAY	1986 4:10P
3	MALE	4 RACE WHITE		S. DATE O	28, 07919 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) F MOP	UNDER LYEAR IF UNDER 24 HRS
70	RHODE ISLAND	16 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		
10	SILVER SPRING	11. NAME OF	HOSPITAL, NURS	ING HOME C	PROTHER INSTITUTION	12a UADMINIST (TYPE OF WORKFOR MOST C LAW JUDG		126. KIND OF BUSINESS OR INDUSTRY US GOVERNMENT
	DOTTE HEDIDETTICE	GOMERY			YES NO [13e STREET ADDRESS 10111 BF	ZIP CODE	20901 AVENUE
14	ABRAH'AM	WIDDLE	KAPLAN		15. MOTHER'S MAIDEN NAM SARAIRST	MIDDLE		PORTNOY
16	WAS DECEASED EVER IN U.S. A	MED FORCES?	051-26-		TRENE G. K	APLAN, SILU	BRUNI ER SPR	ETT AVENUE ING, MARYLAND I APPROXIMATE INTERVAL
IVO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM			
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHIC	H OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	WERE FINDINGS USED NG CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE	ATH HOUR A	OF INJURY .M. MONTH .M. OF INJURY REET, FACTORY, OFFICE	19	216 HOW INJURY OCCURR	CITY OR TO		COUNTY STATE
	22a.1 certify that (1) (this hasp saw the deceased olive are above. (1) (we) (did) (did no 22b. SIGN and 22d. Physicially's NAME (Type DR. JON M.	ot) view the food	vatter death.	\$6.0	22e ADDRESS 5410 (MEDICAL STA DIRECTOR PHYSIC CONNECTICUT	FF CIAN AVENUE	25 DEC 86
2	BURIAL, CREMATION, REMOVA BURIAL	23b DATE	730	NAME OF C	EMETERY OR CREMATORY	NGTON, D. C 23d LOCATION PENS OLNEY,		OMERY, MARYLAND
24	DONALDREMOR STEIN 232 CARROLL STR	HEBREW EET, N.	MEMORIAL W., WAST	. FUNET HINGTOI		EU3 1 1986		R'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol, IMPORTANT, if frem 21 is marked at frem 18 shows any injury, or a



pluc

o

Mental Hygiene

P

morked

+ be deta e State I

MPORTANT

JOHNSON & JENKINS F.H.

should be with the S 0

DHMH - 16 50M 4/83

(VRA 15. 4)

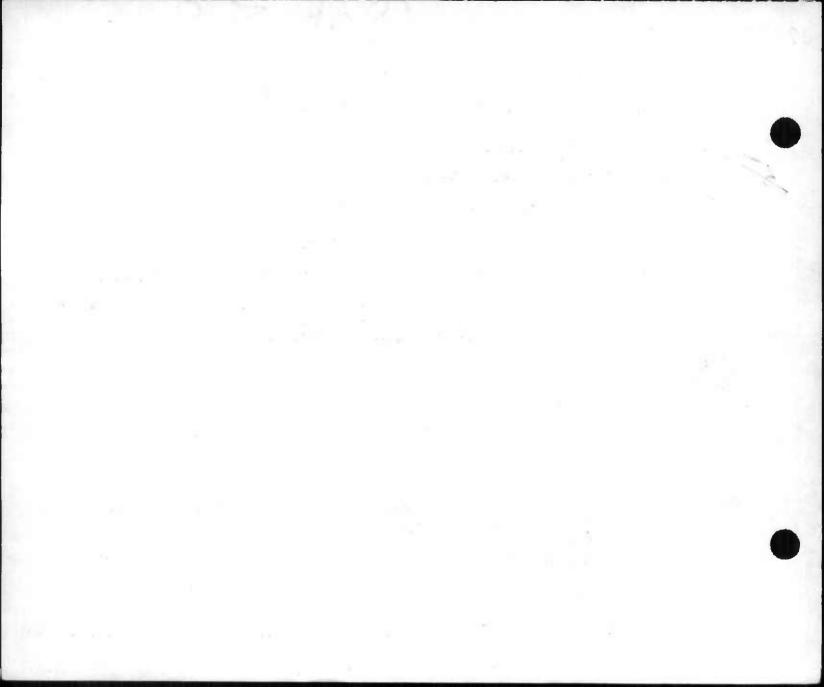
A STATE

	TA	TE	0F	M	ARYL	AND			
DEPARTMENT	OF	HE	ALT	Н	AND	MENT	AL	HYGIE	

NE CERTIFICATE OF DEATH

REGISTRAR REG. NO 20 DATE OF DEATH DAY YEAR 26 HOUR I. DECEASED NAME MIDDLE LIVEE OF PRINTS ALBERT IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 ONTH 1908 14 BLACK MALE YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY MONTGOMERY COUNTY SOUTH CAROLINA DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SILVER SPRINGS HOLY CROSS HOSPITAL CARPENTER PRIVATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 131 COUNTY 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE D.C.: N/A WASHINGTON 15601 2ND STREET 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE LAST GUS COATE'S KEI I Y FUNTCE **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) UNK 248-28-1908 EMMA PERRY 8727 UNK CARROLL AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: nin IMMEDIATE CAUSE (a) EROUENCE OF CALLOSTAGE. DISERVE Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ema ULMonor 206 IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 10. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED ? Te PLACE OF INJURY 211 LOCATION ITY OF LOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a.1 certify that (1) this hospital) attended the deceased from sow the decayted glive on_ and that in (my) aur) opinion death occurred on the date and hour and from the causes stated 22h SIGNATI DEGREE 22c. DATE/SJGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE / SPECIFY BURIAT 1/6/87 LAURET MARYLAND NATIONAL MARYL AND REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1987 JAN

716 KENNEDY ST N W



STATE OF MARYLAND

	STATE REGISTRAR			ULP	CERTIF	ICATE OF DEATH	GIENE	REG. NO.					
	CEASED NAME	FIRST	-	MIDDLE	L	AST	20 DATE O	FDEATH MO	HTM	DAY	YEAR	26 HOUR	
(1117)	ORPRINI	Mary		T.		Kellv		12	2	15	86	1052	a
3 SE	_	1	. RACE		5. DATE C		6. AGE (IN)	EARS LAST BIRTHD	AY)	IF UND	ERIYEAR	IF UNDER 24	
	Female	10 14	& W	nite	MONTH	31/1896	90		YRS	MONTHS	DAY5	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8		9 BALTIMO	RE CITY OR		Y OF D	EATH		
	Irland		U.S.	Α.	WIDOWE	D NEVER MARRIED	Mon	taomerv	7				MD.
_	ITY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NI	JRSING HOME C	OR OTHER INSTITUTION	12a USUAL	OCCUPATION	1			F BUSINES	-
E	Bethesda	55.			street ADDRESS)		Hote	Norke	ORKING LI	IFE) IN	DUSTRY HO	tel	
USU	AL RESIDENCE (IF NUR	SING HOME OF C		GIVE RESIDENCE		A 124 INSCIDE CITY HASTCO	In CTREET	ADDRESS / 7	ID COD				
130	MD		gomery	Chevy		13d INSIDE CITY LIMITS?	6809	ADDRESS / Z Ct. A	re.	208	15		
14 FA	THER'S NAME	1				15. MOTHER'S MAIDEN NA							
	Edward Ke	lly ~	IDDLE	LAS		Honoria	ı	MIDDLE		E	gan	ıΤ	
	VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS					
0	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	101-0	7-9019	John V. Kauv	ranagh	Same a	as T	tem	# 1	3	
	18 CAUSE OF DEAT	TH (Enter only	one couse per	line for (a). (or, and ich					T		MATE INTERV.	AL EATH
	PART I. DEATH V	VAS CAUSED	BY:	CARDI		RREST						EDIA	
		IMMEDIATE	100	DAS A CONS	SEQUENCE OF								
	Conditions, if ony	, which	(1b) A	HEUM	ATIC	HEART D	ISEAS	=			85	YR	5,
	gove rise to im	mediote	DUE TO O										
	underlying cause		(0,0	K AS A CONS	EQUENCE OF								
	PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEAS	E OR CONDIT	ION GI	VEN IN	PART 10	0	
o													
CERTIFICATION	19a DATE OF OPERA	NOITA	19b. COND	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTO					NGS USED	0
TIFIC							YES 🗌	NOM		ES 🗌	CAUSES	OF DEATH	7
CER	710. ACCIDENT WAS UN		216 TIME O		DAN VEAD	21c. HOW INJURY OCCUP	RRED (ENTER NA	ATURE OF INJURY IN	N ITEM 18	PART I O	RPART 2)		
	OR CONTRIBUTING		HOUR A.		DAY YEAR								
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f LOCATION		CITY OR TOWN			OUNTY	STA	75
×	WHILE NOT W	THILE	(AT HOME, STE	PEET FACTORY O	FFICE, FARM, ETC)	SIREEI		CITORIOWN				318	
	22a. I certify that (I) (this hospite		e deceosed f		19 79	, to	12/15		19_8	50	that (1) (we) lost
	sow the deceo above, (1) (we) (sed olive on_	view the body	ofter death	19 8 6 .01	nd that in (my) (our) opinion	deoth accurre	ed on the dote	and ha	urond	from the	couses state	ed
	226. SIGNATURE	. /	^ ·	0		DEGREE				2	2c. DATE	SIGNED	
	Kev	In O	S.N.	ealer	_ /	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAL	N	ı	141	5/8	6
	22d PHYSICIAN'S N	AME (TYPE OR	PRINT)	1		22e ADDRESS				-	. '		
	KEVIN .	6. NE	EALOR	J, M	٠۵.	916 AT S	T. N.	W. W	IAS:	H.,	D.C.	200	06
23a. f	BURIAL, CREMATION	, REMOVAL	23b. DATE	86		EMETERY OR CREMATORY	23d LOC	ORTOWN		COU	NIY	STA	ATE.
	(SPECIFY) Cremat	lon	75-17	-00	Mt. Co	mfort Cremato	Al Al	exandri	ia,	VA			

DHMH - 16 60M 7/84

TO HOSPITAL

BP.

IMPORTANT: If Item 21 is marked or Item

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. (VRA 15, 4)

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timental tellight benefits

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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE REGISTRAR

DECEASED NAME

FIRST

Emma 1

F.

MIDDLE

Kennedy

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

		REG.	NO.
20	DATE OF	DEATH	MOI

MONTH

Dec. 19, 1986 1.15

3

26 HOUR

A. M. M

1	I SEX	1	4. RACE	3. DATE C		6. AGE (IN YEARS LAST BIR		
ı	Fem	ale.	White.	DE		91	YRS.	HOURS MIN.
ı	70. BIRTHPLA	CE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? B	17/2	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	WASH	NATIN DC	U-5-A	WIDOWE	D NEVER MARRIED DIVORCED		omery.	MD.
t		OWN OF DEATH	11. NAME OF HOSPITAL,		439	120 USUAL OCCUPATI	ON 12b. KIND	OF BUSINESS OR
	Silve	r Spring.	Carriage H	ill Nurs	ing Cente	r HOMENAKE		
	USUAL RESID 130. STATE	136 COU	OTHER INSTITUTION GIVE RESIDENTY 136. CITY OF TAKE	ORTOWN	13d. INSIDE CITY LIMITS	13e.STREET ADDRESS	13.11.11	20912
T	4. FATHER'S				15. MOTHER'S MAIDEN		177	
I	P	OYNTEN	MU.	SSON	ENMA	MIDDLE	Cak	NWELL
T	60 WAS DEC			AL SECURITY NO.	17 INFORMANT	ADDRE		De
	LYES NO OF	(IF YES, GIV	(E WAR OR DATES)	46-8644	FRANCES J	-SCOPELETIS.	-4202 GARRI	SON ST. N.W.
1	18 CAU	RT I. DEATH WAS CAUSE	olly one couse per line for (o D BY: TE CAUSE (o)	Prefue	i tell	Temp Cach	refia BETWEE	NONSET AND DEATH
1		IVVILDIA		NICEOUTING ST	~ 4			
İ	Condi	tions, if ony, which	DUE TO, OR AS A CO	erale	edarle	sweler	oder 5	yra
ı	gove	rise to immediate	DUE TO AS A CO		7			1
ı		lying couse lost.	DUE TO, OR AS A CO	N2EQUENCE OF				
ŀ	PART 2	OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CONI	DITION GIVEN IN PART	lio
J	é							
l	Z10. AC	TE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
1	00.501	CIDENT WAS UNDERLYING THE	216. TIME OF INJURY HOUR A.M. MON	ITH DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART 2)	
ı.	S (IF EITH	HER, NOTIFY MEDICAL EXAMINER		19				
ı	WHITE	JURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	WN COUNTY	STATE
l	AT WORK	NOT WHILE	(AT HOME, STREET, PACTOR)	OFFICE, FARM, EIC)			18 11	377772
1	220 1 ce	ertify that (I) (this haspi	tal) attended the decease	from	0-2 190	6,10 /2	//1906	, that (I) lost
1	sov	w the deceased alive an ove, (1) (did no	1) view the body offer deal	19.26 or	nd that in (my) 🚎 opin	ion death occurred on the do	ote and hour and from th	se couses stated
L		BYATURE	A CONTRACTOR OF THE CONTRACTOR		DEGREE		22c. DAT	ESIGNED
J	K2	Seng	slack	Men.	ATTENDING PHYSICIAN	MEDICAL STAF	F 12-	-19-86
	278 PH	YSICIAN'S NAME IN	EPERAT)		22e ADDRESS			
	G	SORGE US	ENG STACK	MD				
T	23a BURIAL,	CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATO	RY 23d LOCATION	/	7
	0 6	ULIAL	DEC 22, 1986	FORT L	INCOLN CEME	7	WAYD COUNTY	mo
	X/14	Velters	akoma Fune	ral Hom	e. Inc. D	DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	ATURE
	1 yells		Carroll St.	N. W.	D. C.	LU 24 1300	Gulla Devider	. Kandalk
- 65								

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Marty Little Taxon

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STATE OF MARYLAND

	CERTIFICATE OF DEATH	SIENE	
	CERTIFICATE OF DEATH	REG. NO.	
MIDDIE	1 /IAST	20. DATE OF DEATH MONTH DAY YEAR	B HOUR
15	Kessler	12 - 27 - 86	5.05A
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
an	MONTH JOY YEAR 1898	MONTHS DAYS	HOURS MIN.
WHAT	COUNTRY? 8.	9. BALTIMORE CITY OR COUNTY OF DEATH	

Owner

Caucasi 70 BIRTHPLACE 7h CITIZEN OF I STATE OR FOREIGN

Flossie

4 RACE

MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Montgomeru (TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

12b. KIND OF BUSINESS OR INDUSTRY Rostaurant

Silver Spring Holy Cross Hospital 136 COUNTY Montgomery Maryland

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse

Kensington

224-12-0549

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

134 INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE Avenue 10920 Connecticut

14 FATHER'S NAME David

FOR STATE REGISTRAR I. DECEASED NAME

irainia

CITY OR TOWN OF DEATH

3. SEX

No

CERTIFICATION

MEDICAL

Grissle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

Maru 17 INFORMANT

Unknown ADDRESS 11008 Troy Road Grandson Rockville. Maryland 20852 Earl Driggers

18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)

PART 2. OTHER SIGNIFICANT CONDITIONS RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

190 DATE OF OPERATION	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
21d. INJURY OCCURRED WHILE NOT WHILE	

71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

The PLACE OF INJURY

21c. HOW INJURY OCCURRED

ATTENDING

PHYSICIAN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 220.1 certify that (1) (this hospital) attended the deceased from

Stanley M. Kirson, M.D.

21f LOCATION

COUNTY

saw the deceased olive on. abave, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE

DEGREE

25

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death occurred an the date and have and from the causes stated

200 AUTOPSY?

NOF

77r. DATE SIGNED

Street Silver Spring 8830 Cameron

230. BURIAL, CREMATION, REMOVAL I SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

CITY OR TOWN Arlington

DHMH - 16 60M 7/84 (VRA 15, 4)

fd be

Burial Dec. 31, 1986 Arlington National
PARAL DIRECTOR Francis J. Collins Jr. 256.

500 University Boulevard, West Silver

250. DATE REC'D. BY REGISTRAN 251 REGISTRAN S SIGNATUR

Silvet Spains | Hely Course Houselfest PIER BORNA Supitanum's 1991 metericana magnetanii tustinalii Matul Interplaces 11000 Trace Foal' Col-10-0540 Far Didgots Dockeling Hangland 20352

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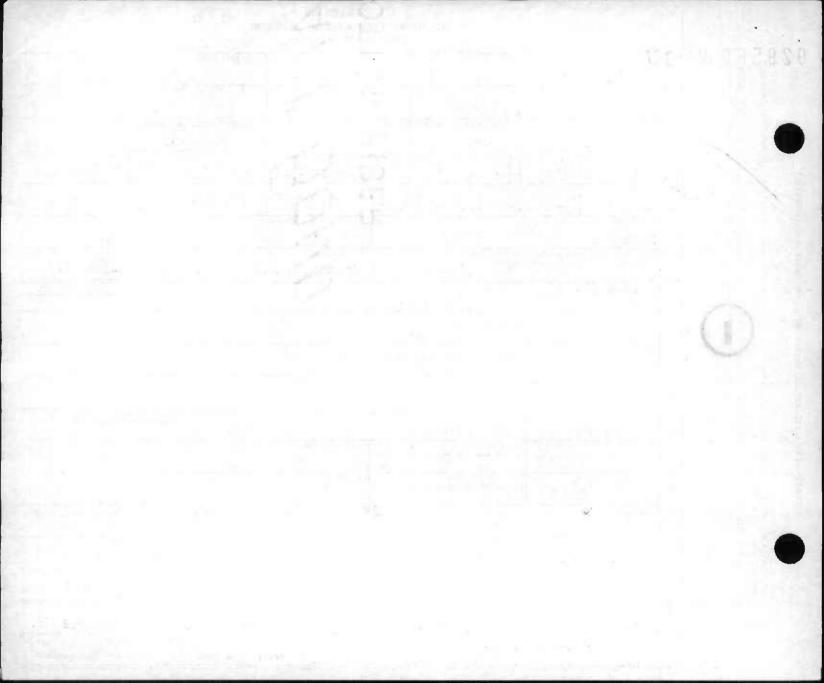
Francis S. College, In Supplied Wildeline . A Sticker

and lighter of the contract of the things confined let.

0.00	5 0 0		REGISTRAR				CERTIF	ICATE OF DEATH	1	REG. N	10		
029	566 JAN	T. DE	GEASED NAME	FIRST		MIDDLE	l	AST	2a DAT	OF DE ATH	MONTH DA	Y YEAR	2b. HOUR
9	ge 3 eoth	(TYP)	ORPRINT	ruise	F		Kic	lwell			12-3	31-86	9:50 PM
6	od od	3. SE	x		4. RACE		5 DATE C		6 AGE	(IN YEARS LAST BE			IF UNDER 24 HRS
	sof		- emale	4	Whi	te	MONTH 2	200	4 7	2	YRS	DAYS DAYS	HOURS MIN.
	1275		RTHPLACE STATE OR	FOREIGN	b. CITIZEN OF	WHAT COUNT	RY? 8. MARRIE	D. NEVER MARRIE	9 BALTI	MORE CITY	OR COUNTY C	OF DEATH	
			Virginia		u.s.		WIDOWE	DIVORCE	00/12	on	TG-07	NER	24 MD.
201	168	S	11001	RING	I NOT IN SUC	HEACHLITY, GIVE ST	TOSS	HOSPIT	/ (TYPE OF		OF WORKING LIFE		business or aker
AND 21	hoold be	13a :	al residence (if nurs state uryland			Silver	Spring	13d INSIDE CITY LIM		ej address 6 Gate	s arcode.	2	0902
MARY	ampletel and 2 s	14. E/	Theadore	٨	AIDDLE	Follin		15. MOTHER'S MAID MARY	EN NAME	WIDDLE		Poole	
IIMORE,	on ond co	(VAS DECEASED EVER YES, NO OR UNKNOWN) 10		AED FORCES? WAR OR DATES)	16b. SOCIAL SI 217-70-		17 INFORMANT Elizabet	h Brigha	m dau	ess ghter 2	same as	#13
T., BAL			18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	y one cause per BY: CAUSE (a)	line for (a), (b)	1 0 -					APPROXIM BETWEEN OF	SATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	by the detending the remove countries of the control of the contro	-	Conditions, if any, gove rise to im- cause (0), statin underlying cause	, which mediate ng the	DUE TO, O	R AS A CONSE	QUENCE OF						
DRDS, 201	en signed or to burid y injury, or	TION						NOT RELATED TO TH					
AL REC	the documents of the do	CERTIFICATION	12/31/	86	GI	BLARDU		N WAS PERFORMED	YES		IN CERTIFY		GS USED OF DEATH? NO
OF VIT	a physical distribution of the physical distr		210. ACCIDENT WAS/UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA			DAY YEAR	21¢ HOW INJURY C	OCCURRED (ENTE	R NATURE OF INJ	URY IN ITEM 18 PAR	RT I OR PART 2)	
VISION	the by	MEDICAL	216 INJURY OCCUR	HILE	21e PLACE 1 AT HOME, STE	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC }	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
D STATE	TOR AF		220.1 certify that saw the decease above (1) (we)				6	, 19_ nd that in (my) (our) o	pinion death acc	urred on the o	date and hour		nat (II (we) lost ouses stated
	AL DIRECTOR South It is been		224 SIGNATURE	trai		M)		DEGREE ATTEND PHYSIC	DING MEDIC	AL STA	AFF CIAN []	22c. DATE S	IGNED 1 187
1	to FUNER thould be a milt the St			OVIST		nn		344 UNIV			5,108 8	by h	d
	BP	1	BURIAL, CREMATION, (SPECIFY) Burial			1987	Ft. Li	emetery or crema ncoln Ceme	tery Bro	CATION CITY OR TOWN CNTWOOD	l Prince	e Georg	jes Md.
DI	HMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR F.	rancis	J. Co.	llins, DDRF	Ir.	2.	50. DATE REC'D. I	BY REGISTRAF	25b. REGISTR	AR'S SIGNATU	IRE
			m amount	ary IV	VIII. WEZ	in sul	10 L JUIL	city, mus			1 4		-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item # 16b, Film G 624, 2/6/8/ Gbj.



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And the second s

23b. DATE

Murphy Funeral Home

12/5/86

1102 W. Broad St. Falls Church, VA 22046

23c. NAME OF CEMETERY OR CREMATORY

Arlington National Cem.

230 BURIAL, CREMATION, REMOVAL

Buria1

24 FUNERAL DIRECTOR

+ 18 60W 7/84

(VRA 15, 4)

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

19_86

Arlington, Virginia

GISTRAR 75) REGISTRAR'S SIGNATUR

23d LOCATION

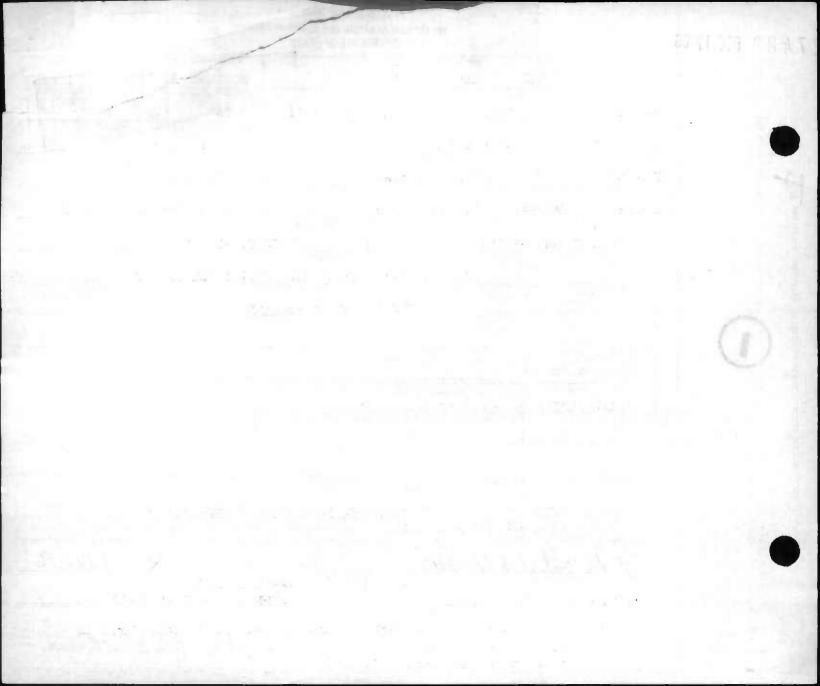
22c. DATE SIGNED

22042

IF UNDER I YEAR

INDUSTRY

HOME



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21241

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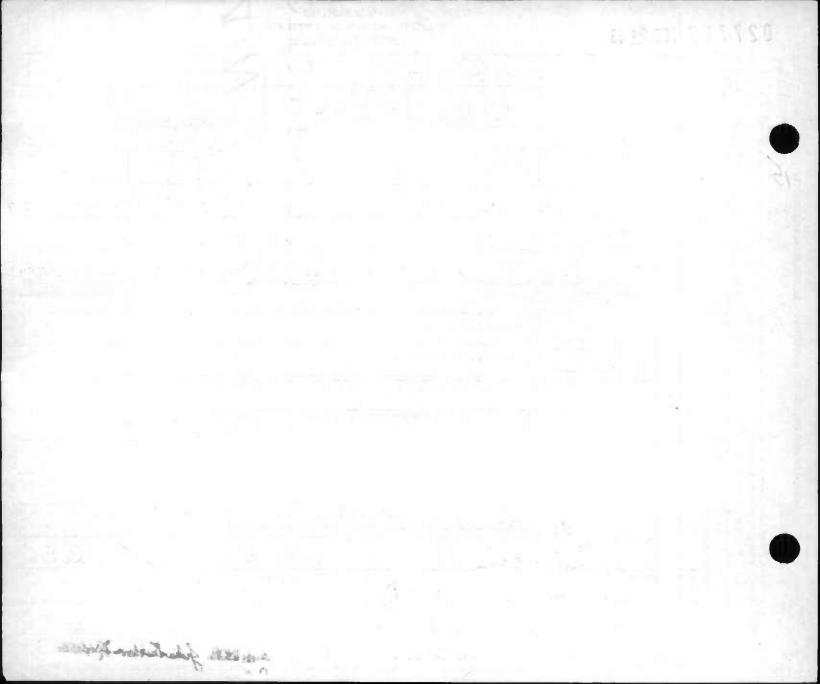
STATE OF MAKTLAND	31
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	()
CERTIFICATE OF DEATH	

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	Par.	RECHSTRATE			CERTIF	ICATE OF DEATH	ŧ	REG. N	0.			
		CEASED NAME FIRST	,	MIDDLE	l l	AST		20 DATE OF DEATH		DAY YEAR	26 HO	UR
	Class	CA	RL BRADLE	Y KIRKLE	Y			DECEMBER	15 198	36	4:	46 P
	3. SEX	х.	4. RACE		5. DATE C			AGE (IN YEARS LAST BIE	THDAY)	IF UNDER 1 YEAR	HOURS	R 24 HRS
١,		MALE	CAUCA	SIAN	NOVI	EMBER 20 1	937	49	YRS			
	(RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	AAADDIE	D X NEVER MARRIE	D 0 9	BALTIMORE CITY	R COUNTY	OF DEATH		
1	DI	STRICT OF COL	UNBIA UN	ITED STA	TESDOWE	D DIVORCE		MONTGOM	ERY			MD.
1		THESDA	NOT IN SUC	OSPITAL, NURSII H FACILITY, GIVE STREE AVAL HOS	T ADDRESS)	OR OTHER INSTITUTIO		TO USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ACCOUNTAN	OF WORKING LI	126. KIND C INDUSTRY FINA		ESS OR
6	13a. S	AL RESIDENCE (IF NURSING HOM STATE LRYLAND PRI		13, CITY OF TOV	VN	13d. INSIDE CITY LIM		3e.STREET ADDRESS 6703 WALK			IVE	2070
1	FA FA	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAID	ENNAM	E WIDDLE		LA	51	
L	/		FMAN KIRK			I	ROSE	CATHERINE				
1	lóa. ∨	VAS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	ESS			
L	1	YES (IFYES	56-1958	217-34-	1508	RUTH KIR	KLEY,	,6703 WALK	ER BRA	NCH DR	IVE,	LAURE
		18 CAUSE OF DEATH (Ente	r only one cause per	line for (a), (b), ai	nd (c).)	MD 2070	07			BETWEEN	ONSET AN	RVAL D DEATH
н		PART I. DEATH WAS CAL	JSED BY:	NON SMAL	L CELI	LUNG CANO	CER					
		WALLAND IN										
		Conditions, if ony, which	(r as a consequ	JENCE OF							
		gave rise to immediate	1									
		couse (a), stating the underlying couse lost	DUE TO, O	r as a consequ	JENCE OF							
			(c)									
	z	PART 2 OTHER SIGNIFICAN	AT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	ETERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	a	
+	CERTIFICATION	190 DATE OF OPERATION	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20h JE YE	S, WERE FINDI	NGSTISE	D
1	윤	170 DATE OF OPERATION	176 COND	INOIT OR WINCE	TOPERATIO	WAS FERT ORMED			IN CERTIF	FYING CAUSES	S OF DEA	TH?
	EX	710. ACCIDENT WAS UNDERLYING	☐ 216. TIME C	E INTUINEY		Tale HOW/INTHIBY	CCUPPE	YES NOX		S	NO	
8		OR CONTRIBUTING CAUSE OF	110000	M. MONTH D	AY YEAR	ZIE HOW INJURY C	CCORKE	D (ENTER NATURE OF INJE	IRY IN ITEM 18	PART 1 OR PART 2)		
	CA.	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.		19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY		STATE
	1	NOT WHILE AT WORK										
		220.1 certify that (I) (this he	ospital) attended th	e deceased from.	DECEMI	BER 15 , 19.	86	toDECEMB			that (I)	
		saw the deceased fine	on DECEMBE	R 15 19	86 0	nd that in (my) (our) o	pinion de	eath accurred on the d	ate and hav	r and from the	couses s	toted
		22h SIGDLATTIRE				DEGREE				22c. DATE	SIGNED	
		(F) (S	MIEN			ATTEND PHYSIC		MEDICAL STA		160	le.	6
T	1	THE BHASICIAN'S NAME IN	PE OR PROPERTY			1		HOSPITAL				
		T. A. DOWGI	N, LT, MC	IISNR	UI			ESDA, MD 2	0814-5	5011		
	73n P	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMA		23d LOCATION	0014-	,011		
		(SPECIFY) burial		8 1986			em.	CITY OR TOWN	000	COUNTY		STATE
	74. FI	UNERAL DIRECTOR	1000	0 1700	Mury		So DATE	REC'D BY REGISTRAN		TRAR'S SIGNA	Md TLIRE	
		onaldson Funer	al Home I	A. 19819	of Ma	1.5	E1. A	LUYB A	interior	har for	MES	7
	100	incoson i ane	we nome I	Luur	بالار و	Lycuru 4		THE PERSON NAMED IN				

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



STATE OF MARYLAND 026822 DEC 11- EPGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO I. DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) (IN YEARS LAST BIRTHDAY) Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) ILL KIND OF BUSINESS OR SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY Clerk Government 130 STATE 1136 GOUNTY Kensington 3333 University 131 INSIDE CITY LIMITS? Blvd. NO [4 FATHER'S NAME MIDDLE Unknown Unknown 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES) 577-60-5319-M Mrs. Christine M. Knight/wife/same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse perfine for (a), (b) and (c). PART I. DEATH WAS CAUSED BY DUE TO, GRAS A GONSEOUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 18 shaws NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING GAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from MX

230. BURIAL, CREMATION, REMOVAL Burial 12-11-86

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

N.H. are Silvers.

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

MEDICAL

665

361-681-

22c DATE SIGNED

24 FUNERAL DIRECTOR

John T. Rhines Co., 3015 12th St.

Harmony Memorial Park

ATTENDING

PHYSICIAN

Landover

DHMH - 16 60M 7/84 (VRA 15, 4)



	1 - FOR REGISTRAR	STATE OF MARY DEPARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENE REG. NO.	5809
8 9 6 2# JAN -	1. DECEASED NAME FIRST PRINTING FIRS	th K. Kochis	3 20 DATE OF DEATH MONTH	7 86 2200 A
ge 4 T	3. SEX	. RACE S. DATE OF BIRTH	VEAR YEAR YES.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
r death. Pa funeral dir ithin 72 hou	76 BIRTHPLACE (STATE OF FOREIGN NESSTEING TON DC	b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER WIDOWED	9. BALTIMORE CITY OR COUNTY DIVORCED MONTGOMERY	OF DEATH M
by the lifed with hotil	JAKOMA PAML	1. NAME OF HOSPITAL, NURSING HOME OR OTHER IN: (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JASH ING-TON ADV RNTST	STITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OF
illed old to	USUAL RESIDENCE (IF NURSING HOME ORO 130. STATE 13b. SOUNT		CITY LIMITS? 13. STREET ADDRESS / ZIP CODE	WD2 /2070
ompletely from and 2 show	M. FATHER'S NAME FIRST Henry J	IDDLE LAST	R'S MAIDEN NAME FIRST MIDDLE 1izabeth	Tysinger
be executed on and camp S. Pages I an	160. WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE V		w L. Kochis same as #13	30/0 Chapel 20705
certificate to provide to provide to provide to provide to provide to provide to the top top to the top top to the top to the top top to the top	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		THMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
res that the death property in please by the mind on please more to burial, or matter a ry, or other training ry,	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) METASTATIC CARCING DUE TO, OR AS A CONSEQUENCE OF (c) DOUBTIONS CONTRIBUTING TO DEATH BUT NOT RELATE		4 WEEKS
n. n. nas been as perior ne prior ws ony i	190 DATE OF OPERATION 12-18-86 210. ACCIDENT WAS UNDERLYING.	196 CONDITION FOR WHICH OPERATION WAS PERF SPINAL CORD COMPRESSIO	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
IAN: The physicio physicio trificate de l'Irransit al Hygie m 18 Gho	OR CONTRIBUTING CAUSE OF DEATH	H 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P	
DING PHYSIC or attending After this cer te os the burio alth and Memmarked ar Itel	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) 211 LOCAT STREET		COUNTY STATE
ATTENDING spottol or oc CTOR: After of Health n 21 is marl	220.1 certify that (1) (this hospital saw the deceased of the concentration of the concentrat	12/27 10 86 and that in /my	y) (aur) apinion death accurred on the date and hour	19_36, that (1) (we) la r and from the causes stated
Dept Her	22b. SCHATUP	DEGREE	ATTENDING MEDICAL STAFF PHYSICIAN MDIRECTOR PHYSICIAN	22c. DATE SIGNED 12-28-86
TO HOSPITAL TO FUNERAL should be defi with the State IMPORTANT:	AIZNOZD - LE	PRINT) 22e. ADDRE	SILVER SAZING ST,	20910
BP	Buria1	236. DATE 236 NAME OF CEMETERY OR Gate of Heaven	CREMATORY 23d LOCATION	
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR Donald V. Borgwardt	t 4400 PowdensMill Rd Beltsville M 20704	250. DATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE Dividen Rendale

20828 33 809 :390 3080 THE PERSON OF TH

	nd completely filled in by the fur	intenpopers. Pages 1 and 2 should be filed within	/	
	the otherding physician and campletely for	Herman cultion popers. Poo	remattion, or removal.	
]	en signed by	Then plan	or formation.	
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STATE OF MARYLAND FOR STATE REGISTRAR **DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH**

GIENE 86	35	58	10
REG.	NO.		

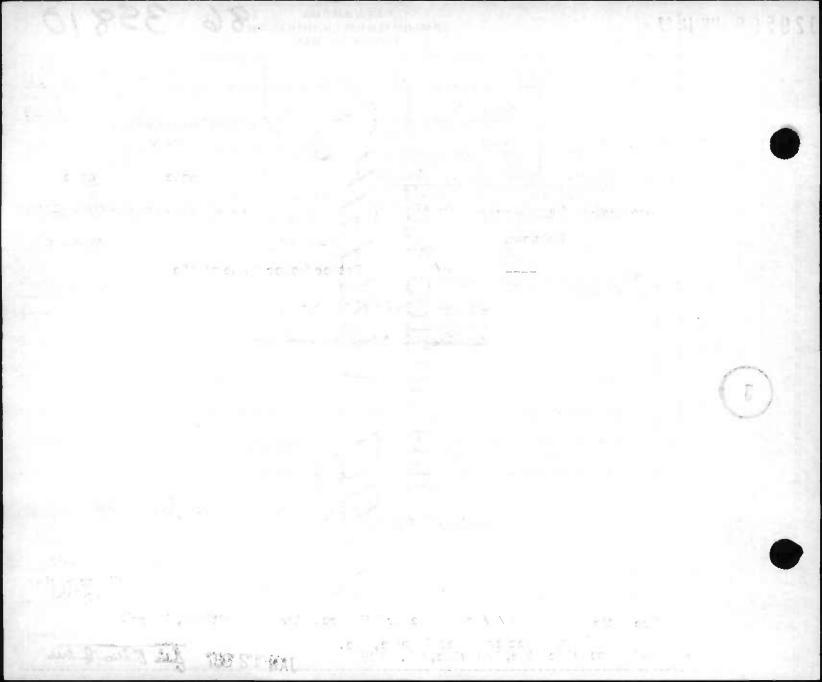
Julia Bindion Budale

1		CEASED NAME FIRST	WIDDLE	La	1	20. DATE OF DEATH MONTH DA	7.0
		BABY BO	/	RO,	KER	/2 2	6 00 5 DM
	3. SEX	MALE	BLack	5. DATE O			FUNDER I YEAR IF UNDER 1 HOURS AIN.
		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COU	INTRY? 8.	□ NEVER MARRIED 1	BALTIMORE CITY OR COUNTY	OF DEATH
2		ARYLAND	USA	WIDOWE	D DIVORCED	MONTGOMERY	MD
8	514	VER SPRING 1	1. NAME OF HOSPITAL, I I H NOT IN SUCH FACILITY, GIN HOLY CROSS	YE STREET ADORESS) HOSPIT		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NONE.	126. KIND OF BUSINESS OR INDUSTRY NONE
5	13a. S		Y I3c CITY C		13d. INSIDE CITY LIMITS? YES NO		Avenue 20912
7	14 FA	THER'S NAME FIRST Unkn	lown	AST	15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE	KOKER
		VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS	U .
	(4	(ES, NO OR UNKNOWN) JIF YES, GIVE V	n/	/a	Esther Koker	same as 13e	
		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (a), BY: CAUSE (a) CARDI	(b), and (c)	RATORY AN	(LEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П		IMMEDIATE			74.77		
П		Canditions, if any, which	DUE TO, OR AS A CON	EME . P.	KEMATURIT	Y	
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COM			-	
	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVE	N IN PART 11a
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH? ☐ NO ☐
7		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	OFFICE FARM ETC)	STREET	(ITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this hospital saw the deceased olive on	12/26	19 86 on	d that in (my) (aur) opinion of	death accurred on the date and have	9 that (I) (we) last and from the causes stated
		above, (1) (we) (did) (did nat) 22b SIGNATURE	view the bady after death		DEGREE		22c. DATE SIGNED
		A. Culow	runc			MEDICAL STAFF DIRECTOR PHYSICIAN	12/26/86
		ASSEFA GEB	PRINT) PLESELASS	1E	HOLY CRO	ISS HOSPITAL	Silver Spring Maryland
	(Cremation	1/7/87	Cedar H	emetery or crematory ill Crematory	Suitland, Mary	land STATE
	24 FU	neral director Tyson W 1331 Rockville P	heeler Funer ike, Rockville	al Home, e, Md. 208	Inc. 250. DATE 1AN	EREC'D. BY REGISTRAR 251. REGISTR	AR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTO

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DHMH - 16 60M 7/84 (VRA 15, 4)

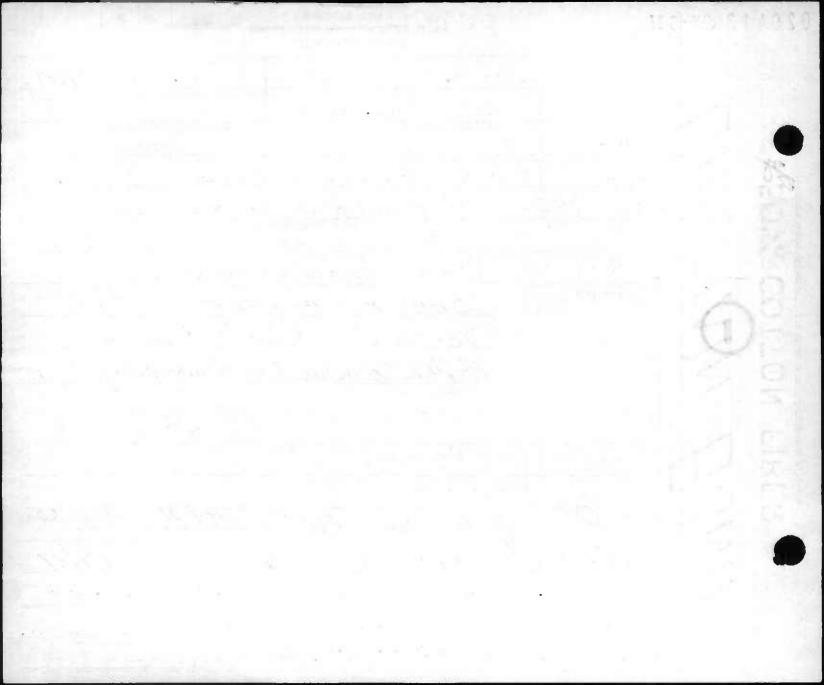
STATE OF MARYLAND

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29413 JAN-	6 87FOR - STATE REGISTRAR			DEPART	MENT OF E	ICATE OF	MENTAL HYG		REG. NO.	3 5	d	
m s	1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	1	AST		20 DATE OF DE	ATH MONI			HOUR
nay be page 3 rr death		Kons	tantine	L.		Kolla	ar		Dec.	31, 198	6	1707
	3. SEX		4 RACE		5 DATE ("YE≜R» —	6 AGE (IN YEAR		MONTHS (OURS MIN.
s o	Male		Whi			. 19°,	1'9'17	69		YRS		
and the second of the second o	New York	E OR FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY	MARRIE WIDOWE	D KNEVER	MARRIED .	9 BALTIMORE		tgomery	H	M
20 85	Rockville		11. NAME OF UF NOT IN SU Shady	HOSPITAL, NURSI OCH FACILITY, GIVE STREE Grove Ad	NG HOME (FADDRESS) Ventis	ROTHER INS	ital	120 USUAL OCC (TYPE OF WORK FO Engine	R MOST OF WOR	KING LIFE) INDUS		t.
135	USUAL RESIDENCE (# 130 STATE Maryland	113h COUN	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE TO STORE S	RE ADMISSION) VN pring	13d INSIDE C	NO [13e STREET ADD	oress / zip er look	CODE Drive	20	983
A willing	14. FATHER'S NAME Paul		WIDDLE	Kolla	r	15. MOTHER	S MAIDEN NAM FIRST Anna		HDDLE	1	Radu	Į.
e execut Pages 1	160 WAS DECEASED E		MED FORCES?	124-10-		17. INFORMA		-wife-	(same	as 13e)		
NG PHYSICIAN. The low requires that this draft critical optional physicion. The this certificate has been signed by the attending pays as the buriol-tronsit permit. Then please in or the ond Mental Hygiene prior to buriol, cremitian agreement orked or them 18 shows any injury, or other the matric.	Conditions, if gove rise to couse (o), s underlying c	ony, which immediate tating the ouse lost.	DUE TO, C DUE TO, C DUE TO, C (b)	OR AS A CONSEQUENCE ON THE CONSEQUENCE OF THE CONSE	ENCE OF	slav eoph	Fib	avdi	0440	nuthy	V5	TE INTERVAL SET AND DEATH
he low re ion. hos been if permit.	19a DATE OF OP	ERATION	19b COND	DITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPS YES N	INC	IF YES, WERE FI CERTIFYING CAI YES	USES OF	
PHYSICIAN: The nding physicio his certificate he buriol-tronsit di Mentol Hygier I or them 18 sho	OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OC	CAUSE OF DEA	HOUR A R) P	OF INJURY A.M. MONTH D P.M. OF INJURY TREET, FACTORY, OFFICE,	19	21f. HOW IN	ON	ED (ENTER NATURI	OF INJURY IN IT	EM 18 PART I OR PAG		STATE
ATTENDING PI ospital or otter ECTOR. After the of foruse as the st of Health and in 21 is marked	220 I certify the	(I) this hospi	ital) attended t	he deceased from.	86.0	d that in my	19 7/	, to	2/3/ n the date on			(1) we los
TO HOSPITAL OR retained by the high Control of UNIXEA IN State Deport with the State Dep	22d PHYSICIAN M		. Shapi	africe r, MD	DI	22e. ADDRES		MEDICAL DIRECTOR D			///	7 <u>87</u> 0814
BP OF SHORT AND	230 BURIAL, CREMATI	ON, REMOVAL		230		EMETERY OR	CREMATORY	23d LOCATION CHTY OF 1	ON			
DHMH - 16 60M 7/84	24 FUNERAL DIRECTO	aldi Fu					LOS DAT	REC'D, BY REG	ISTRAR 25b, R	EGISTRAR'S SIG	NATUR	E



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death entificate be executed within 24 hours offer ded retoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed in Hilling physicion and completely filled in by the tune should be detached for use as the buriol-transit permit. Then plean remove an bonpopers. Pages 7-24.2 should be filed within with the State Dept. of Health and Mentgl Hydrape prior to buriol contact or removal.	IMPORTANT: If Item 21 is marked to them 18 spliws any injury, or other troumotic event, the modical and mark bis norther at
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. 1			STATE OF MARYLA	MENTAL HYGIENE 6 358/2
3	1-	FOR STATE	DEPARTMENT OF HEALTH AND A	MENTAL HYGIENE O 5 5 5 6
3		REGISTRAR	CERTIFICATE OF D	REG. NO.
3		CEASED NAME FIRST	MIODLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
3	61	DAVID (1)m	N) Kramer	12-21-86 4:08AM
7	3. SEX	1- A	4 RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
2		N)ale	Cauc. 4 10	1888 98 YRS. MONTHS DAYS HOURS MIN.
2	7a 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER M	MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
3	K	AI MAMERO.		NORCED [MON+90Mer + COUNTYMD.
4	10,01	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST	TITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
경	D	ethesola	SUBULBAN HOSP	14A1 Deoner (Ket) WOOD SHOP
4	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 17Y 13d. INSIDE CI	2/18/50
8		md mon	790ment ROCKVILLE YES X	NO [LOUIM ON Fros e Rd
7	14. FA	THER'S NAME	MIDOLE LAST	S MAIDEN NAME
\vee		Shaya		nnie (Unknown)
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMAL	Sittlet Spring, Maryland
2	(1	es, NO OR WARNOWN] [IF YES, GIV	140-09-8911 Jacob	Leventhal; 1516 Arbor View Road
0		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7		PART I. DE ATH WAS CAUSE	E CAUSE (0) respunting for	elal
,			DUE TO, OR AS A GONSEQUENCESO	1 + 4 1
2	0	Conditions, if ony, which	olatruite and	restrutul lux drace
2		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	0
0		underlying couse lost.	KAPISIS Davis	ma
	1	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TIO
	CERTIFICATION	Corones	n wen disent, ast	time, Rendral resulter disal
1	CAT	IN DATE OF OPERATION	IN CONDITION FOR WHICH OPERATION WAS PERFO	ORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
0	TIF	VH	NA	YES NO YES NO
7		DI CONTRIBUTINO ACCEPTATION		JURY OCCURBO (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
8	CAL	OR COMMERCIANO ACCUMENTATION	11/1	1VII
1	WEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET STREET) 211 LOCATION STREET	ON AAT CITY OR TOWN COUNTY STATE
13	2	AT WORK	(1)	
7		22a 1 certify that (1) (this hospi	tall attended the decapsed from DEC 13	, 19 66 to 150 19 10 that (I) (we) lost
4			1) view the body ofter death.	(our) opinion death occurred on the date and hour and from the causes stated
		22b. SIGNATURE	DEGREE	27L DATE SIGNED
. 1		Tehat 7	belden no?	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
I		220 PHYSICIAN'S NAME LIVE C		
		ELUOJ N	GOLDSTEIN 9410	OLD GEORGETOWN BETH MY
	23a. B	URIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY OR C	CREMATORY 23d LOCATION
		burial	Dec 23,1986 Beth Moses Ce	emetery Pinelaun, L.I., New York
		INERAL DIRECTOR	Rockville, Maryland	250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Dav	ızansky-Goldber	g Chapels; 1970 Rockville Pi	ikeDEC 23 1986 Julia Sindion Foodall

DHMH - 16 60M 7/84 (VRA 15, 4)

E1358 48 and the state of t which the wife the street of KINGHAN GARRAL coming alter and parties of experience when a ser-

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24 FUNERAL DIRECTOR

FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

DHMH - 16 60M 7/B4

(VRA 15, 4)

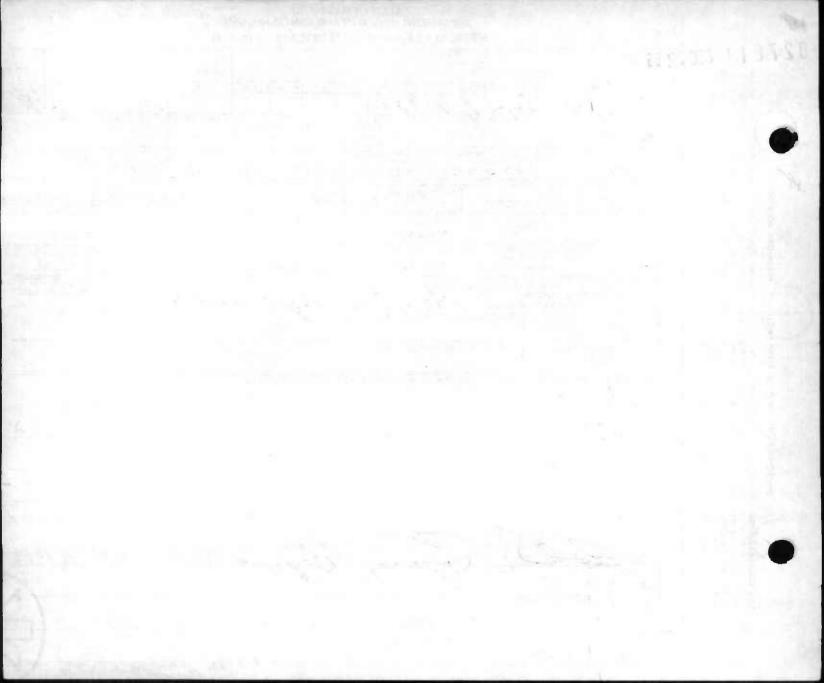
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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J	1 - STATE	DEPART		TGIENE	
1	86 REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
٦	I. DECEMBED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
1	ANTOI	210 -	KROC	12 2	1 86 1140 AM
	1 SEX 0.4	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
1	MALE	While	MONTH DAY YEAR	77 YRS.	ONTHS DAYS HOURS MIN
١	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		RAITIMORE CITY OR COUNTY	OF DEATH
	CZECHOSLOVAKIA	usA	WIDOWED DIVORCED	MONTGOMERY	COUNTY MD.
	THE CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
4	TAKOMA PARK	WASHINGTON ADVE	NTIST HOSPITAL	BARBER	BARBER
1	USUAL RESIDENCE IF NUISING HOME OF 13b COUR	NTY 13c. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	20912
l.	MARYLAND MONT	GOMERY TAKOMA P	ARK YES NO	17805 LOCKNEY A	E. #101 / 20012
V	7.952	MIDDLE	15. MOTHER'S MAIDEN N		LAST
4	UNKN			UNKNOWN	
		RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO. 17 INFORMANT	4720 MENTGO	NETLY LANE SHITE 4
	NO NO	ONE 577-52	- 2465 EDWARD T. L		ARYLAND 20814
۱	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or	nd icil		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		TE CAUSE (a) Galance	but feed for	are with conget	>4
		DUE TO, OR AS A CONSEQU	JENCE OF	Jailan	1
Н	Conditions, if ony, which	(1b) Se 0	rolyed an	terioschus	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A GONSEQU	ENCE OF O	1150-	
1	underlying couse lost	(10)	ebeter he	the	
1		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE	N IN PART 110
4	Q .				
ı	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
Ч	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tall How himpy occu	YES NO YES	
1	OR CONTRIBUTING TO CAUSE OF DE		AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2}
1	GIF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED		19		
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1		ot) view the body ofter deoth.		n deoth occurred on the date and hour	
1	22b. SIGNATURE	2 01.	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
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	22d. PHYSICIAN'S NAME (TYPE O	Zunkul u	22e ADDRESS	00 0 00 0	A.R. C. N
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1	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
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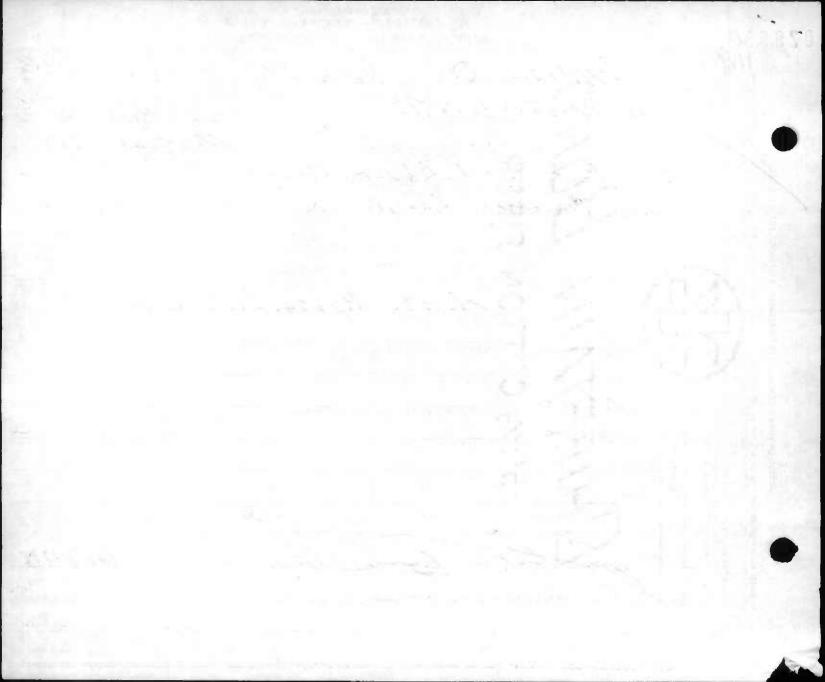
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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saw the deceased alive an	V Or total		R	AT WORK AT WORK			T in			1		
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BP BRIAN CHUNG 3701 ROSSMOOT Blvd Silver Spring Md. 230 BURIAL CREMATION, REMOVAL 236. DATE 230 NAME OF CEMETERY OR CREMATORY BUTIAL 221. DATE Rockville Cemetery Rockville Montgomery Md.	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			minha	(hun	li :	20.0	PHYSICIAN	DIRECTOR PHYSIC	IAN	12/12/86	2
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led in by the funeral director. page 3 Id be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificals has been signed by the a should be detached for use as the buriol-front permit. Then please remaining the State Dept. of Health and Mental Hyperes prior to burial, cremain

retained by the hospital or attending physician

BP.

DHMH - 16 60M 7/84

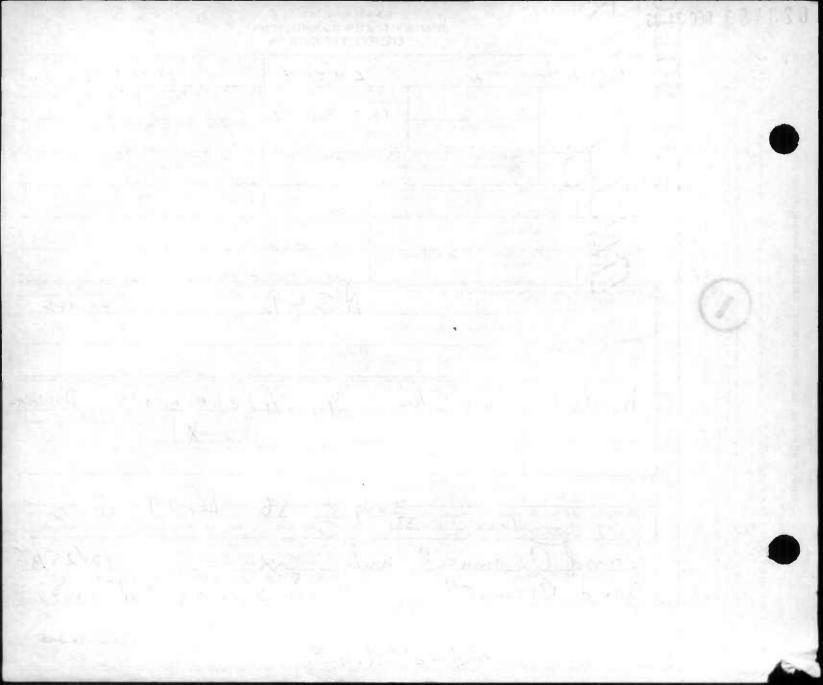
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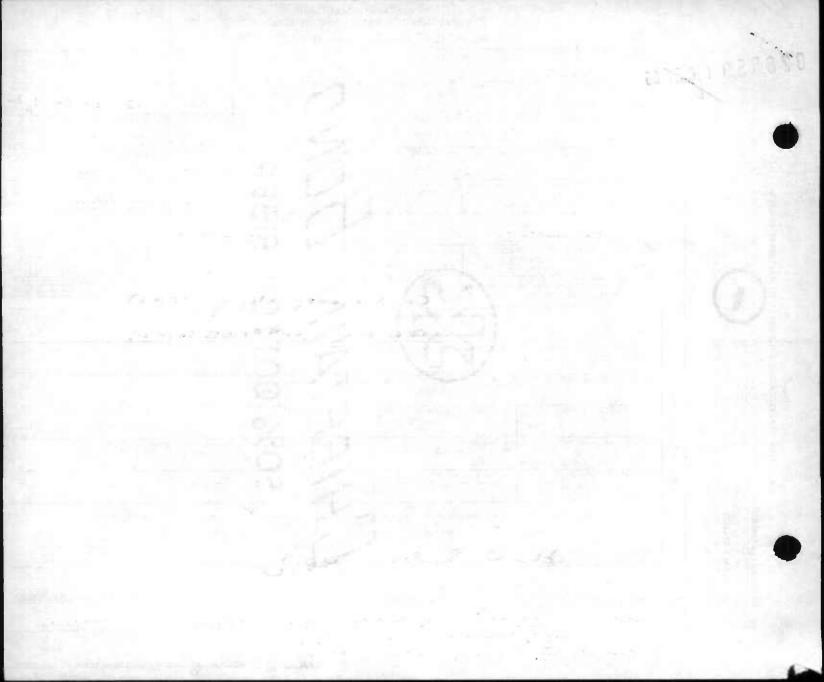
STATE OF MARYLAND

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	3. SE	х	4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
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197		RTHPLACE (STATE OR FORE)	76. CITIZEN C	OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	4
E		shington, D.	c. U.	S. A.	WIDOW			v County	MD.
P	6	ITY OR TOWN OF DEATH		OF HOSPITAL, NURS SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ÔN 12b. KIN	ID OF BUSINESS OR
9		Koma Park ALRESIDENCE (IF NURSING)		ast Wayne			Clerk		
家人	13a. S	STATE 136.	COUNTY	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE 2	1912
100	14.54	Md. M	ontgomery	Takoma	Park	YES NO	411 East W	ayne	A Signature
17	14, 17	FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N FIRST	WIDDLE		LAST
1-		Uknown	5 1 20050 50255	o lin sociusso		Unknown	ADDRE	CE	
dice		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES		URITY NO.	17 INFORMANT	ADDRE	.55	
1/		No		578-05-	9545	Clinton Brax	ton-405 - 37	th Pl., S.	E D.C.
1		18 CAUSE OF DEATH (E PART I. DEATH WAS		per line for (a), (b), a	end (c).)	Acila	٨	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
			MEDIATE CAUSE (0),			11 > 1)	Υ.	ears
other traume		Conditions, if any, wh gove rise to immedi couse (a), stating underlying couse li	ich (b)	, or as a consequ , or as a consequ					
alary.	NO	PART 2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TER	AINAL DISEASE OR CON	DITION GIVEN IN PAR	Disean
2	CERTIFICATION	190 DATE OF OPERATION	19b. CO1	NDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NOW	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
18 C		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	OF DEATH HOUR	E OF INJURY A.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR PART	(2)
1 1	MEDICAL	(IF EITHER, NOTHY MEDICAL E		P.M. CE OF INJURY	19	211 LOCATION			
MPORTANT: If them 21 is morked or Item	ME	WHILE NOT WHILE AT WORK	LAT HOME	, STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	WN COUNTY	Y STATE
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		BURIAL, CREMATION, REA				CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
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M 7/84		UNERAL DIRECTOR T.	C. Pinckr	FALL ADDRESS	2 the	+ M. F	TO Z 9 "1300"	O TOTAL MANAGEMENT	Proceedings and a
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IMPORTANT: If them 21 is

FRANCIS H. BARBER

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JAN

STATE OF MARYLAND

8	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG		REG. NO.		
	CEASED NAME	FIRST		MIDDLE	i	AST	2a. DATE OF DE		DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	Oliv	e	G.	Laro	combe		12/2	7/86	11:18am
3. SE	X		4. RACE		5. DATE C		6 AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female		White			15/- 96 YEAR	90	YRS.	MONTHS DAYS	HOURS MIN.
COUNTRY)/Wisconsin		USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED		CITY OR COUNT OMERY CO		MD.	
Olney Mo			Montgo	HOSPITAL, NURSIN HEACHITY GIVESTREET METY GEN	ADDRESS A	or other institution tospital	120 USUAL OCI	CUPATION RMOST OF WORKING L	IZE KIND C INDUSTRY. Nursi	OF BUSINESS OR
UŠU. 130. S	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITU 130. STATE 136 COUNTY MONT.			Sandy Sp	ning	13d. INSIDE CITY LIMITS?	17340 (Lie STREET ADT Friends	Juaker La RESS / ZIP COO House C	ine = 11 2	20860
14. FA	THOMAS	<i>∧</i>	NIDDLE	GALL'ÂĞHE	R	15. MOTHER'S MAIDEN NAM		IDDLE TIM	ILIN IA	51
16a V	VAS DECEASED EVER YENOOR UNKNOWN)		AED FORCES? WAR OR DATES)	212-30-1		Graham S. Li	ttle 24	ADDRESS Lytto Silver Si	nsville	Rd.
	18. CAUSE OF DEAT PART I. DEATH W		y one cause per BY: CAUSE (a)	Stro	Ke				BETWEEN	ONSET AND DEATH
NO	Conditions, if any, gave rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	nediate g the last	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DONTRIBUTING TO E	NCE OF	Infaction		r condition gi	VEN IN PART 1	0.
TIFICATI	190. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	n for which operation was performed			IN CERTI	S, WERE FINDING CAUSES	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM IB	PART I OR PART 2)	
MEDI	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	ÇI	TY OR TOWN	COUNTY	STATE
	220.1 certify that (1) sow the decease above, (1) (we) (a				R6 , on	d that in (my) (our) opinion d		n the date and had		that We Nost causes stated
	22b. SIGNATURE	not.	Aran			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []	22c. DATE	SIGNED
	A P	TSZ	PAULT)			10 40 Bek	les de	fe Jom 5	Rd #	204
23a. E	SURIAL, CREMATION,	removal N	DEC. 28			EMETERY OR CREMATORY ASH. CREMATORY	23d. LOCATIC		EORGE	MD. STATE
24. FU	JNERAL DIRECTOR					25a. DATE	E REC'D. BY REGI	STRAR 25h REGIS	TRAR'S SIGNAT	URE

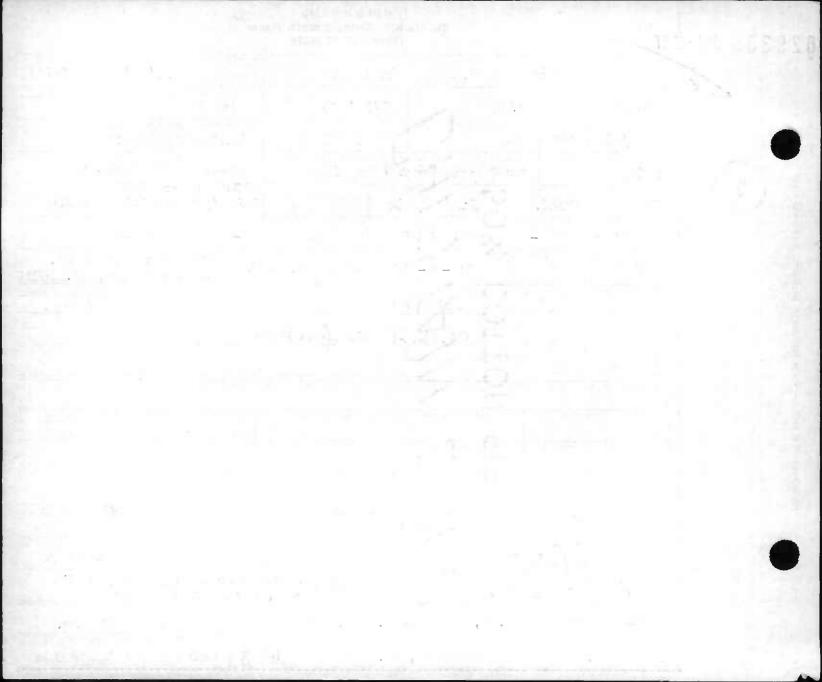
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LAYTONSVILLE, MD. 20879

DHMH - 16 60M 7/84 (VRA 15, 4)

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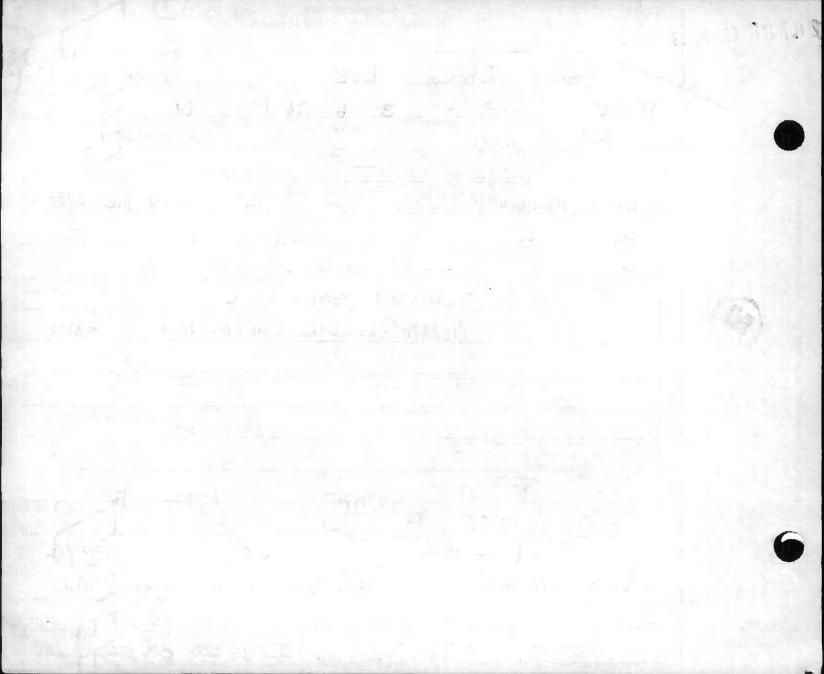
STATE OF MARYLAND

8788 DEC 31	81.	FOR STATE REGISTRAR			MENT OF H	E OF MARTLAND BEALTH AND MENTAL HYG BICATE OF DEATH	REG. NO.	0 0	() 6.
pe 4 may be		CEASED NAME YOOK	1 RACE ORIEN	- hong	S. DATE (20 DATE OF DEATH MOI	2 22 8	26 J. S4 M 31 S4 M YEAR IF UNDER 24 HRS DAYS HOURS MIN.
denth Par threed din	1	IRTHPLACE ISTATE OR FOREIGN COUNTRY) OF COMMON OF DEATH	U.S.A		WIDOW	DENEVER MARRIED DIVORCED DO OTHER INSTITUTION	9. BALTIMORE CITY OR C	OUNTY OF DEAT	MD.
the first the	R	ockville AL RESIDENCE (1E NURSING HOME	4603 DO	THE FACILITY, GIVE STREET TO THE TENTE OF THE STREET TO THE TENTE BEFORE THE TENTE BEFORE	ADDRESS) V C E ADMISSION)		MERCHAM	ORKING LIEE) INDUS	tail Sales
TYLAND 3	N	ATHER'S NAME	MIDDLE	ROCKULL ROCKULL	le	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA		EYPE DR	20853
RE, MAN		FIRST WAS DECEASED EVER IN U.S. A YES, NO OR UMKNOWN) (1 (EYES, C	L.	Lee		Sang-ka 17. INFORMANT	M. ADDRESS		LASTKim
Titale be ex pactar on pper. Pager, P		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one cause per SED BY:	11/19 Jar (a), (b), an	d icilia	Bok Lee with			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
her the death and by the property of commence of commence of commence of the c		Conditions, if any, which gave rise to immediate cause [a], stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF							6 mos.
RECORDS, 20 in require: 1 in been signed bental than ple re prior to burio any right, or	FICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	20a AUTOPSY? 20	DB. IF YES, WERE F SI CERTIFYING CA	INDINGS USED USES OF DEATH?
OF VITAL SICSAN The g physician rightness period man 38 dis	IL CERT	27a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH D	AY YEAR		RED (ENTER NATURE OF INJURY IN	YES	NO []
DIVISION OF THE THIS CENT IS After this cent is not the buriol- ith and Mental	MEDICA	21d. INJURY OCCURRED WHILE AT WORK AT WORK		MET SACTORS, ORRICE,	3/11	1975	CITY OR TOWN	COUN	
AL OR ATTEND The hospital of The hospital of The Dept. of Heal To if Heen 21 is m.		779.1 certify that (1) fins has sow the decaded alive o above (1) was (did/idid 77h SIGNATURE	1 17711		<u> </u>	DEGREE ATTENDING PHYSICIAN	deoth occurred on the date	226.1	m the couses stated DATE SIGNED
O HOSPIT elained by TO FUNES should be of		DEL GOUZ	H WIN			4701 RAHDO		ckville	MD.
BD	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Rutical				EMETERY OR CREMATORY Momorial Par	23d. LOCATION CITY OF TOWN	Mantagne	ru Marūlano

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Francis J. Colling Jr.
500 University Blvd. West, Silver Spring, Md.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DEC 2 9 1986 Julia Dioidon Ros Julia Dividson Randales



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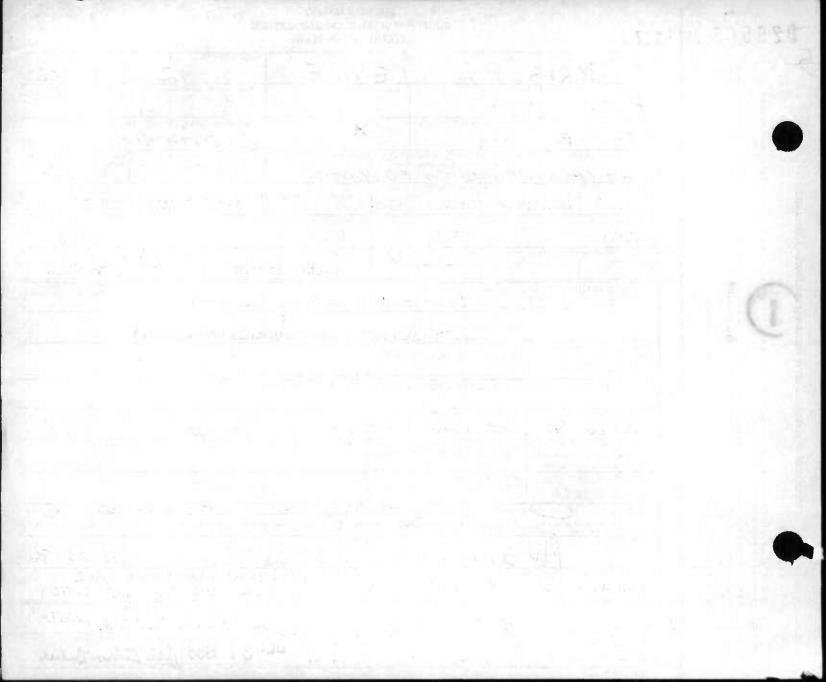
CTATE OF MARYLAND

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	
LAST 20 D	

Ī	DECE A	SED NAME	FIRST		MIDDLE	l l	AST	_	26 DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
		JX	RIS		R.	LE	VINE			12	27 86	20	120
3	3. SEX	Fruit		. RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAST I	IRTHDAY)	MONTHS DAYS	#F UNDER	R 24 F
-		- EMALE		WHITE		7	4	21	65	YRS	5.		
77	a. BIRTH	IPLACE (STATE OR FO SHINGTON		b. CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIE	NEVER MAR	RIED 🗆	9 BALTIMORE CITY	_			
5		OR TOWN OF DEA		US F	†	WIDOWE			MINTE				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10			(IE NOT IN SUC	HOSPITAL, NURS	ET ADDRESS)	OR OTHER INSTITU	TION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS! HOUSEWI		LIFET INDUSTRY	OF BUSINE	ESS
S / 1		ESIDENCE (# NURSH	NG HOME OR O	WASH.	CIVE RESIDENCE AFE	OPE ADMISSIONI	KNTTST		HOUSEWI	FE .		у пом 901	IC
5	13a STA	RYLAND		SOMERY	SILVER	SPRING	13d. INSIDE CITY YES 🔼 NO	LIMITS?	13 STREET ADDRESS	ÁVÄEI	ER DRIVE	501	
THE A		ER'S NAME	M	IDDLE	LAST		15. MOTHER'S MA	AIDEN NAA	ME		IA	57	
BY.	AŁ	BRAHAM			RIFKÎN		ANN					ŠKIN	
dicol	60 WAS	DECEASED EVER I		ED FORCES?	166 SOCIAL SEC 579-24-	CURITY NO.	17 INFORMANT				LIER DR.		
e /	NO)			317-24-	0077	HERBE	RT LE	VINE SILVE	R SPR	RING, MAI	RYLAN	D
# '	18	PART I. DEATH WA	Enter only	ane cause per			. 0		(APPRO) BETWEEN	ONSET AND	RVAI DE
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0.00		onditions, if ony,		(b)	inta	cvan	ial neo	plas	in (glioble	STam	4)		
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r of	-	nderlying cause	last.	(Ic)									
3,0		RT 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO	Q DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CO	NDITION	GIVEN IN PART 1	0.	
iu .	CERTIFICATION 150	DATE OF OPERAT	1011							Landing			
22	F	12-26	_			n	l'avave		20a AUTOPSY?	IN CER	YES, WERE FINDI TIFYING CAUSES	S OF DEAT	TH?
	E 21	ACCIDENT WAS UNDI		21b. TIME O		200	21c HOW INJUR		YES NO.		YES	NO [
The second state of		CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH		216.71044 114301	I GCCORR	LED LENIER NATURE OF IN	URY IN ITEM I	8 PART TORPART 2]		
£ /	× —	IF EITHER NOTIFY MEDIC		P.		19	21f. LOCATION						_
ope		HILE NOT WHI	IE 🗍		REET, FACTORY, OFFICE	E, FARM, ETC.)	STREET		CITY OR	OWN	COUNTY	5	STATE
yor k	1	WORK - AI WOR		0	- d- 1.6	12	-19-	0.86	12	- 25	-10 86		7
is	- 11	saw the decease				C. 11		/	death occurred on the	date and h		that (I)	The same of
E = 2	22	saw the decease obove, (I) (we) (di b. SIGNATURE	d) (did not)	view the body	after death		DEGREE					SIGNED	
#			1/11	1 Kei	11100 -1	MD	ATTE	NDING 1	MEDICAL ST DIRECTOR PHYS	AFF		28-	
Z-	72	I. PHYSICIAN'S NA	ME LIVE OR I	PRINT)	70 00 0	, , , p		SICIAN []					3
IMPORTANT: II	- 1	CHARLES		NNER	MD		i i i i i i i i i i i i i i i i i i i		NOW HAN	-			, if
₹ 2	11- 0110	0.111				NAMEORG	SMETERN OR COS	SILV			MP &	2090	1
2		IAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREA		23d LOCATION ADELPH			MARYL	LA
-	A FIHOLE	RM WINDSTOP	OTETH	112/29	11986 N	AUUNI L	EBANON C	EMETE	PIL AVELLA	plan pro	/K\7F \		
7/84	0	INACO M.	SIEIN	HEBKEW	MEMORIA	AL FUNT	KAL HUME	UE	REC'D. BY REGISTRA	A .	ISTRAK'S SIGNA	TURE	
)	۷.	32 CARROL	L SIKE	= $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$	w., was	SHINGI	IN, U. C.		0 T 1900	Julia	Devider.	Kendal	J.

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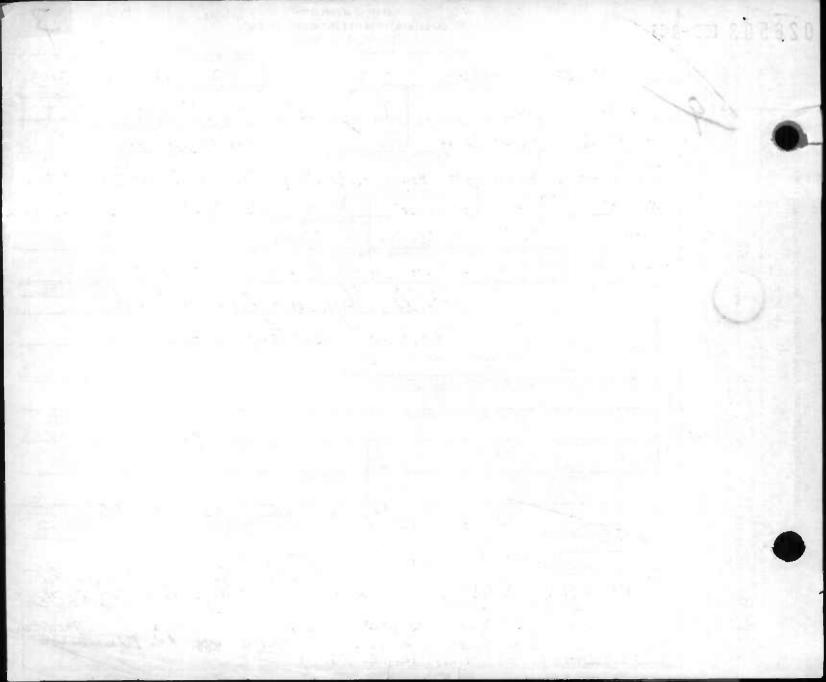
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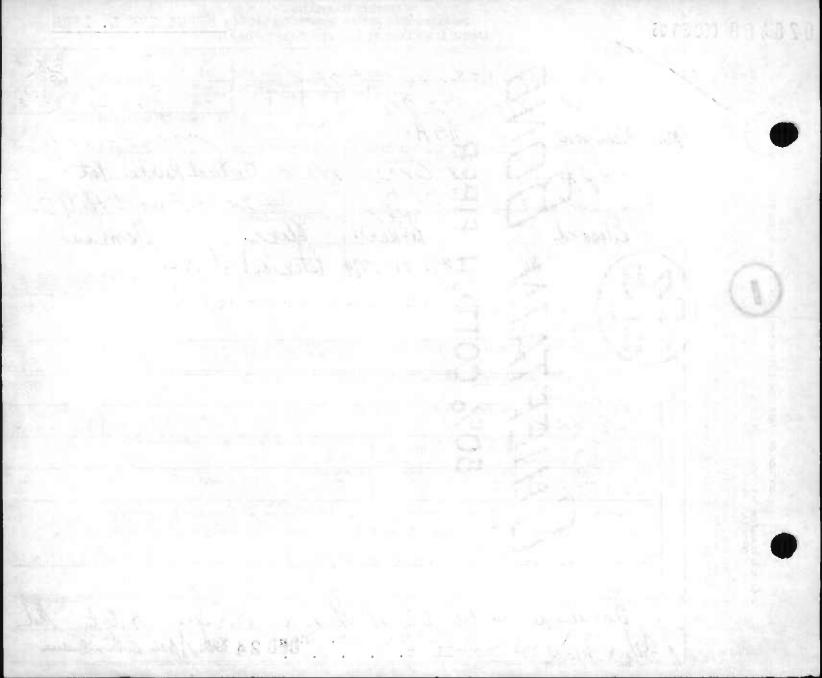
STATE OF MARYLAND

3 3

0255	03 DEC-	100	FOR STATE REGISTRAR		DEPAR	MENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	HYGIENE	6 REG. NO	3 3 3	23	
	/	1. DE	CEASED NAME #	HICH	NUDLE	LAS	1	2a. DA1	E OF DEATH	AONTH DAY YEAR	2b. HOUR	
1	A SE		Ed	ward Bar	rtling	Lil	Ly		12.	03.86	· 3.03 M	
1	100	1.58		4 RACE		5. DATE OF	BIRTH YEAR	6 AGE	IN YEARS LAST BIRT	MONTHS DA		
	200	The second second	ale	Caucas	sian	100	er 16, 192	7 59		YRS	13 HOURS MIN.	
-	5 5 5	Ja. BI	RTHPLACE (STATE OR FORE	IGN 76. CITIZEN	OF WHAT COUNTRY	2 8	NEVER MARRIED	O DAIT	IMORE CITY OF	COUNTY OF DEATH		
- (1 22		aryland	U.S.A.		WIDOWED	☐ DIVORCED	☐ Mor	ntgomery		MD.	
	11 2	10. C	TY OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, NURS	ING HOME OR	OTHER INSTITUTION	120 USI	WORK FOR MOST OF	N 126 KINI	DOEBUSINESS OR RY Bankers	
201	The state of		akoma Park	Washir	igton Adve	entist l	Hospital	Ins	urance A	Additotor	utual Ins.	
LAND 21	filled in hould be	13 ₀ M	aryland	P.G.	13c CITY OR TO	mier	34. INSIDE CITY LIMIT YES NO		9 Chaun	zip cobe cey Place	20712	
RYL	12 /	14. FA	THER'S NAME John	WIDDIE	LASI		5. MOTHER'S MAIDEN		WIDDLE	D	LAST-	
BALTIMORE, MARY	10/60	1_		F.	Lilly		Jöhan	nna	10005		rtling	
ORE	opposition —	16a V	VAS DECEASED EVER IN (ES. NO OF LINKNOWN) 2S-Air Fore	U.S. ARMED FORCES FYES, GIVE WAR OR DATES	166. SOCIAL SEC 217-24-		7 INFORMANT	A T = 1	ADDRES	e) Same as	#12	
MITI	1	T.		_			Elizabeth	A. LII	TA (MII)			
	on page		PART I. DEATH WAS CAUSED BY: MANEDIATE CAUSE IN THE CAUSE IN THE COURT IN COURT IN COURT AND DEATH MANEDIATE CAUSE IN THE CAUSE IN TH									
NO NO	2001		DUE TO, OR AS A CONSEQUENCE OF									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	by the offer ose remove i. cremation other trave	18	Conditions, if any, w gave rise to immed cause (o), stoting underlying cause	iote the DUE TO	OR AS A CONSEQU	ENCE OF O	y ar	lenj !	cuse	22		
RDS, 20	signed Then are to b	Z O	PART 2. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE	TERMINAL DIS	EASE OR COND	ITION GIVEN IN PART	la	
AL RECO	has been the permit.	CERTIFICATION	190 DATE OF OPERATIO	N 19b COM	ndition for whic	H OPERATION	WAS PERFORMED	20a /	AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [IDINGS USED SES OF DEATH?	
OF VIII	ng physici certificate rital-trons entol Hyg ltem 18 sh		210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE	SE OF DEATH HOUR	E OF INJURY A.M. MONTH (DAY YEAR	21c HOW INJURY OC	CURRED (ENT	ER NATURE OF INJUR	IN ITEM 18 PART I OR PART	2)	
NOISINI	attendin ter this c ter this c s the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	(AT HOME	CE OF INJURY STREET, FACTORY, OFFICE		211 LOCATION STREET	·	CITY OR TOW	vn COUNTY	STATE	
0 4	S. Af		220.1 certify that (1) (th			/2,	19_8	6_, ta_	12.	3 1986	, that (I) (we) lost	
	of h		saw the deceased of	olive on 2 (did nat) view the bo	ody offer death.	56-/6y/1	that in (my) (our) opi	nian death ac	curred on the da	te and hour and from	the causes stated	
9	DIRECTOR DIR		228 SIGNATURE		1. en	V/D	GREE				ATE SIGNED	
	At h			Sumo	urs c	1			CAL STAF		-	
9	od be dibe he St	1 -	22d PHYSICIAN'S NAME	(TYPE OR PRINT)	1 1 -		22e ADDRESS	700	BEYWI	In Hou	se Rd.	
	retoined by the TO FUNERAL should be determined by the State with the State IMPORTANT: If		SURIND	ER S	11501		Smite 10	0. G	slege 4	an MO	20790	
	5 F W 3 Z		URIAL, CREMATION, REA				METERY OR CREMATO		OCATION CITY OR TOWN	COUNTY	STATE	
	BP		Crema				litan Crem		Alexand	ria	Virginia	
DI	HMH - 16 60M 7/84		neral director rangis Gasc				A. 25a	DECE	BY R 986 AR 2	PEGIST TRESUICA	Medal	
	(VRA 15, 4)	1 /	730 Raltimo:	re Avenue	Hwattewil	la Md	20781					



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BERNADINE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME 20. DATE KNOWN LIVER ON PRINTS OF ESTI-DEATH MATED DATE OF BIRTH IF UNDER 1 YR AGE (IN YEARS IF UNDER 24 HRS DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNT MARRIED KNEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OOR INDUSTRY JURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30 STATE 1436 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 14. FATHER'S NAM 15. MOTHER'S MAIDEN NAME MIDDLE 24651 I WAS DECEASED EVER IN U.S. ARMED FORCES? ADDR (1985, NO, OR UNKHOWN) I IM YES, GIVE WAL OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION FICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF ME TTOR: PAGE 3 SHOULD BE USED AS ITHE STATE DEPARTMENTS! F HEAL AND, 21201 PRUCH TO BIRRIAL CR 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO DE 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 THE INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET AT WORK AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: FI AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident Homicide ! Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT ADDRESS. G7/84 25M DHMH - 17 (VE A15 ME (51)



BALTIMORE MARYLAND 212

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

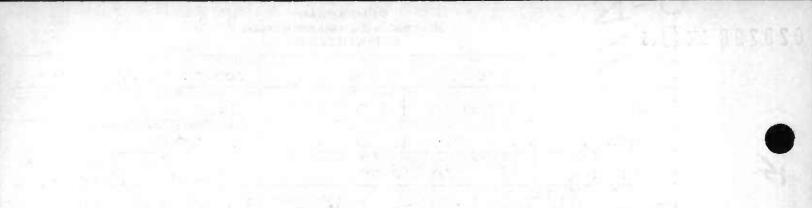
3	REGISTRAR				CERTIF	FICATE OF DEATH	REG.	NO.				
	CEASED NAME E OR PRINT)	FIRST	HN L LO	CKE		LAST	26 DATE OF DEATH DECEMBER	MONTH	DAY YEAR	8:30 P		
1	MALE		4. RACE CAUCA	SIAN	S. DATE (OF BIRTH NE 18 ^{AY} 1916 ^{EAR}	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
PE	RTHPLACE (STATE ORFO		76 CITIZEN OF UNITED	WHAT COUNTRY? STATES	8. MARRIE WIDOW!	ED NEVER MARRIED	MONTECON	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY				
10. CITY OR TOWN OF DEATH BETHESDA			(IF NOT IN SUC	NAVAL HO	SPITA	OR OTHER INSTITUTION AL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS RETIRE	T OF WORKING		F BUSINESS OR		
13a. S VI	RGINIA	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ALEXANDR	N	13d. INSIDE CITY LIMITS? YES X NO 🗌	13e STREET ADDRESS			04		
		ORE I	APIHUSK				AGIA BLYSHA		ĮA!	ST .		
	NAS DECEASED ÉVER YES, NO OR UNKNOWN) YES	LIE YES GIV	MED FORCES? E WAR OR DATES) -1962	224-52-3		JEAN R.LOCK		RESS PLAC		ANDRIA, V		
CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT	lediote g the lost.	DUE TO, O		ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b. 1F \	GIVEN IN PART 10 YES, WERE FINDII TIFYING CAUSES	NGS USED		
MEDICAL CERTIFI	210. ACCIDENT WAS UNDION OR CONTRIBUTING CC (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEA	P. PLACE	M. MONTH DA M.	19	216. HOW INJURY OCCU	YES X NO RRED (ENTER NATURE OF IN	JURY IN ITEM T	YES X	NO STATE		
	WHIE NOTWH AT WOR 220.1 certify that (I) sow the decases above, (I) (will decay 22b. SIGNATURE 22d. PHYSICIAN'S NA	(this hospi d alive on d didno	DECEMB	ER 13 19 after death.	R 13 19 86 , and that in (my) (our) apinion ter death. DEGREE ATTENDING PHYSICIAN [27e ADDRESS NAV.			MEDICAL STAFF DIRECTOR PHYSICIAN TAL HOSPITAL				
_(W.R.TH BURIAL, CREMATION, F Specify) Burial		23b. DATE 12-18-	23c N		EEI CEMETERY OR CREMATORY On Natl. Cemet	CITY OR TOWN		COUNTY	STATE		
24 FU	UNERAL DIRECTOR V	erly- ddoc	-Wheatle		l Hom	e 250 DA	ATE REC'D. BY REGISTRA			URE		

- 16 60M 7/84

and Mental Hygiene prior to burial,

MPORTANT If hem 21 is marked ar hem 18 shows any

(VRA 15, 4)



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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	F	RE	G	NO
-	-	-	_	_

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А	0.0	REGISTRAR						REG.	NO.					
4		ASED NAME: FIRST		MIDDLE	L/	AST		2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR.	
	/	ELS	ie	E		LOEH	4		12,	13	86	84	AM	
4	1. SEX		4. RACE	-	5. DATE O			AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER		IF UNDER	124 HRS	
3		FEMALE	WHI	7,=	MONTH	DAY	YEAR	25	YRS.	MONTHS	DAYS	HOURS	MIN.	
2	7a. 819	ETHPLACE THAT OR FOREGO		WHAT COUNTRY?	8	AA.		BALTIMORE CITY			ATH			
/	0	OUNTRY)			X NEVER N	ARRIED -		_	90)		UN7	11 /		
-		Shington D.C.	II. NAME OF I	HOSPITAL, NURSING	WIDOWE		ORCED	120 USUAL OCCUPA	MER	126		F BUSINE	_	
	15	oma Park	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESSI			(TYPE OF WORK FOR MOS			USTRY	000111	-00 OK	
-		AL RESIDENCE IN NURSING HOME O		GIVE RESIDENCE BEFORE	DVEN	767	HOSP.	Housewife						
	13n. 5	TATE 134 COU	NTY	13c. CITY OR TOWN	1	134 INSIDE CI		3 STREET ADDRESS						
4		ryland Monto	gomery	Silver S	orung	YES X	MAIDEN NAM	9028 Fair	view	<u>Koad</u>		209	10	
ý	H. FA	PIRST	MIDDLE	LAST			IRST NAM	MIDDLE			LAST	1		
1		Frederick		Ehninger			ria	Fred	ericka	l	unt	rnow	n	
		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECUR		17. INFORMA	VT	ADD	RESS					
	No	0		577-03-2	148	Emil A	. Loehl	Husband	Same	e as				
1		18 CAUSE OF DEATH (Enter of	nly one cause per	line far (a), (b), and	res.	0. 11				BE	APPROXIA	MATE INTER	RVAL DEATH	
1			TE CAUSE (a)	ventro	VV	Jihall.	cton,	persistent			1/2/15			
1		DUE TO, OR AS A CONSEQUENCE OF									. 0			
I		Conditions, if any, which (1) my overclad i forthon								6d				
1		gave rise to immediate couse (o), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying cause last (c) Coronery creen distribution												
-		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMIN	MAL DISEASE OR CO	NDITION G	IVEN IN P	ART 110			
	CERTIFICATION	auto minus	a heros	Extic an	enia	, S	p Col	ft kee	replac	end				
	CAT	1% DATE OF OPERATION	196 COND						20b. IF Y	ES, WERE	FINDIN	IGS USE	D	
/	1	12/4/8%	dece	erable joi	at di	seal		YES NO		YES [AUSES	NO [
	8	21a. ACCIDENT WAS UNDERLYING	216. TIME O		VEAD	21c HOW IN.	JURY OCCURRE	D (ENTERNATURE OF IN	JURY IN ITEM 18	PART I OR F	PART 2)			
71	N.	OR CONTRIBUTING CAUSE OF DE	AIRI	M. MONTH DA' M.	Y YEAR									
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATIO	N	CITY OR	TOWN	COU	INTY		STATE	
1	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, FA	RAA, ETC }	ZIKECI		CITY OR	10414				n e i L	
1	1	22a I certify that (I) (the hour	utal) attended th	e deceased fram_	My		19 85	, to Dec	13	19.84	5	that (1) (e) last	
		sow the deceased alive are obove, (1) (we) (did) (did)	Dec	13 19 8	6 , an	d that in (my)	(our) o pinian de	eath occurred on the	date and he	our and fr	om the c	couses st	ated	
		22b. SIGNATURE	of view the body	affer death.		DEGREE				220	DATE	SIGNED		
۱		My VI		uz		A	TTENDING PHYSICIAN	MEDICAL ST	TAFF SICIANI		12/12/86			
ı		226. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES		DIRECTOR PITT.	SICIAIV	17	-/-	3/1		
		Michael Lin	colu, 1	ND	10313 Geogra Ale Silver Sprig Med. 2090						02			
7	23a B	URIAL, CREMATION, REMOVAL	L 23b. DATE	23t N	AME OF CI	EMETERY OR C		23d LOCATION						
	- (:	specify) Urial		.1986 Roc				Washingt	ton 1	COUNT	Υ	5	STATE	
		INERAL DIRECTOR Franc	is T. Co	PRINK TH	c C/L	KK CVIIII			AR 25b REGI	STRAR'S S	IGNATI	URE		
	50			Silver		a. Md.	DE	C 1 8 1986	Luis	King	1	عداسا		
18	الاحيا	U UILLUKIALI	W.VIII. W.	suver.	Spille	y. Mu.	45	- 10 100	- //	-			_	

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use or the buriol-transit permit. Then pl with the State Dept. of Health and Mental Hygierie prior to buri TO FUNERAL DIRECTOR. After this certificate has been

MPORTANT If Nem 21 is marked or Nem 18 sho

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Frederich Ehringen

517-53-5110 Frit A. Loold Mather Conv. at 15

029482 JAN -	6 TRATE			ICATE OF DEATH	REG. NO	
nay be page 3	1 DECEASED NAME (TYPE OR PRINT)	FIRST Ruth	MIDDLE BISSELL S. DATE (LOSAN LOSAN DE BIRTH		10. 38 86 11,35 M
rector.	Fema	de con	76 18	05 98	88	YRS DATS HOURS MIN.
uneral di	COUNTRY)	20 20	JH. WIDOWI		NONT	R COUNTY OF DEATH
De the filed with	Rockville	Collin	HOSPITAL, NURSING HOME OF THE FACILITY, GIVE STREET ADDRESS) 188400 Nursing		Homemaker	INDUSTRY
AND 21:	MD STATE	Carroll	136. CITY OR TOWN Mt. Airy	13d INSIDE CITY LIMITS?	13076 Old	ZIP CODE Annapolis Rd./21771
MARYL mplerely ond 2 s	14. FATHER'S NAME FIRST John	Sloane	Bissell	15. MOTHER'S MAIDEN NA Harriete	WE	Shillits
ALTIMORE,	160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	R IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO. 577-84-2281	17. INFORMANT Doris P. Di	ADDRE	adress as #13.
201 W. PRESTON ST., B. That the death certifical that the abriding physical moder certifical direct certifical from certifical moder certifical from certifical moder certifical	Conditions, if an gave rise to in cause (a), statunderlying caus	y, which amediate and the last.	CLINICAL COLOR AS A CONSEQUENCE OF	dirosela	Occider	Cabine >
	PART 2 OTHER SIC 190 DATE OF OPER.		ONTRIBUTING TO DEATH BUT		200 AUTOPSY? YES NO TO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN: The requirements of tending physicial than the rhis certificate has been so the burial-transit permit They though Amenial Hygiene prior to and Amenial Hygiene prior to acked acr tem 18 shows any injury acked acr tem 18 shows any injury and the statements of the statements and the statements are statements.	OR CONTRIBUTING (IF EITHER NOTIFY MEI 21d INJURY OCCUI	CAUSE OF DEATH HOUR ADDICAL EXAMINER) RRED 21e PLACE	OF INJURY .M. MONTH DAY YEAR P.M. 19 OF INJURY TREET FACTORY OFFICE FARM ETC.	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	
OR ATTENDING OR ATTENDING The hospital or of DIRECTOR: Affer ached for use as it Dept. of Health of	220.1 certify that (I) (the bocastal oriended to sed alive an acidid) (did not) view the bad	27 19 4/4 0	DESTREE		that (I) (ma) last the and hour and from the couses stated
SPITAL d by th NERAL be dett e State	THE PHYSICIAN ST	MANE (Tras go relist)	10 M	PHYSICIAN 22e ADDRESS 75	DIRECTOR PHYSIC	FIAN DE SO FOR

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., NW, Washington, D.C. 20016

1/2/87

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial

[SPECIFY]

Arlington Nat. Cem. Arlington, VA 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

234 LOCATION

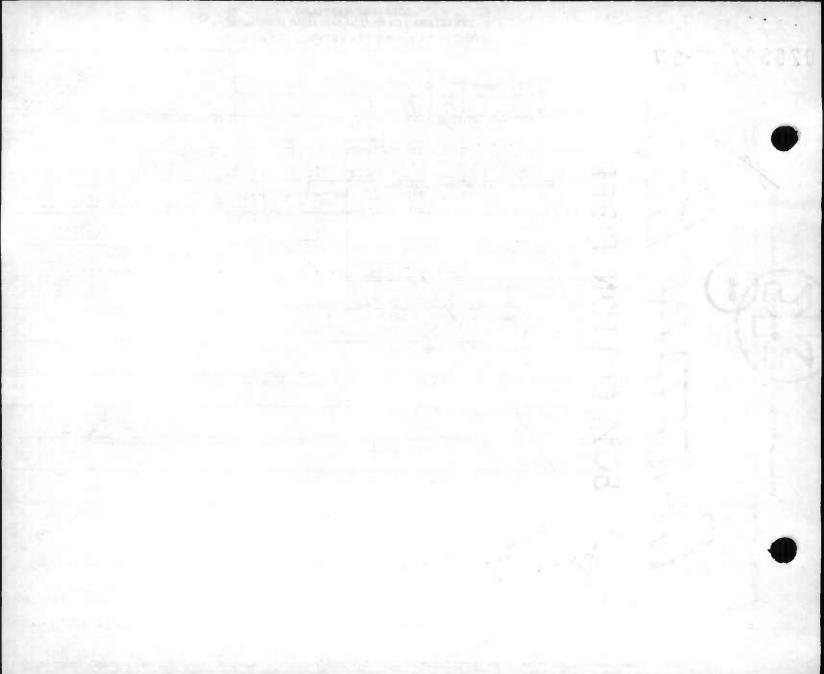
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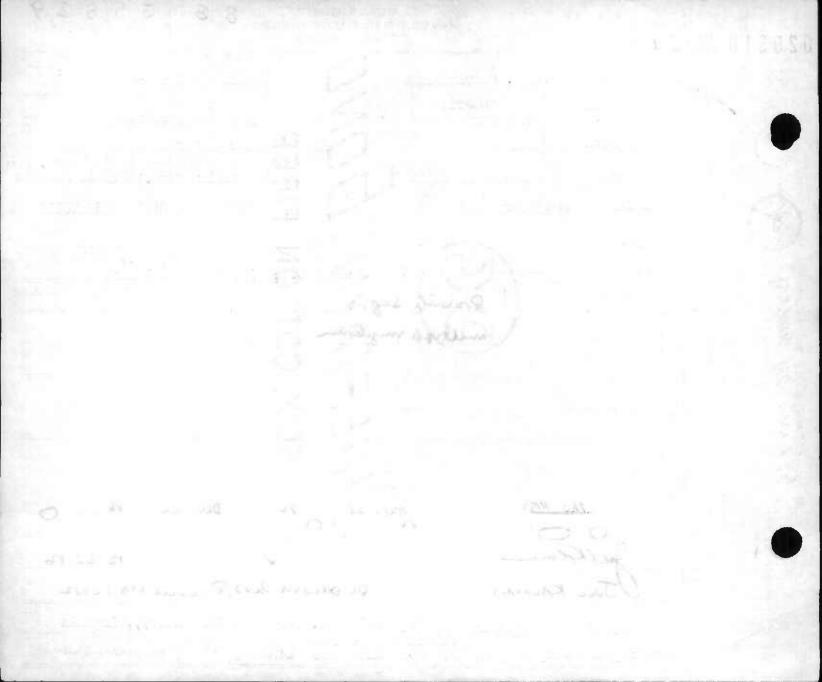
STATE OF MARYLAND



Danzansky-Goldberg Chapel; 1170 Rockville Pike

Julia Divideon Rondale

DHMH - 16 60M 7/B4 (VRA 15, 4)



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026900 DE	11-21-95	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O 3 5	
ECESSARY, PLEASE NERAL DIRECTOR. ROW YOUR FILES. MINGHIN 22 HOURS	T. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE 70. BIRTHPLACE (STATE OR FOREION COUNTRY) Virginia	April 14, 1922 64 4 5 MARRIED NEVER MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH NOTE OF BIRTH MATED 19 BOTH DAY VEAR 124 HO April 14, 1922 64 45 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH U.S. A.	M
INCORE: MD. 2)201 FER CATH, ANY DELAY IS PAGES T. 2, AND 3 TO THE FORM PAY 3. RETAIN PAGE ES TAND 2. STOULD BE FILE ON ONLITA! RECORDS: 201	OSUAL RESIDENCE (IN NURSING H 130. STATE 13b. CI M-FATHER'S NAME FIRST Theodore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY ADDRESS) (IF NOT IN SUCH FACILITY ADDRESS) (IF NOT IN SUCH FACILITY ADDRESS TO THE FORM FACILITY ADDRESS TO THE FORM FACILITY ADDRESS TO THE FACILITY ADDRESS TO	_
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TAAAET	19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WA UNDERLYING OCONTRIBUTING CAUSE 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. Leerlify that I took of	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR E OF DEATH P.M. 19 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21c PLACE OF INJURY (AT HOME. 211 LOCATION	
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SII BARTIMORE, MARYLAND, 2		Notural causes Accident Suicide Homicide Undetermined monner DATE M.D. MEDICAL EXAMINER SIGNAL SIGN	
25M DHMH - 17 (VR A15 ME (5))	24 FUNERAL DIRECTOR TYSON 1331 Rockville	Wheeler Funeral Home, Inc. Pike, Rockville, Maryland 20852	

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STATE OF MARYLAND

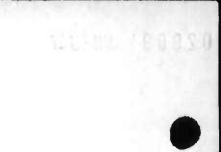
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEGISTRAR CERTIFICATE OF DEATH 20 DATE OF DEATH 26 HOUR DECEASED NAME FIRST (TYPE OR PRINT) 12 Gilbert 86 von 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY 3 SEX 4 RACE Mar. 22, DAY 1897 White Male 89 TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED Virginia USA DIVORCED MONTGOMERY WIDOWED . 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville NATIONAL LUTHERAN HOME Grocery Store Owner OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130, STATE 137, COUNTY 136, CITY OR TOWN 131 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 600 WEST VIRGINIA WEST VA BERKLEY MARTINSBURG YES I 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE BOSLEY MARY **EMANUEL** LYON ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT REV.DR.REICHARD- NLH -ROCKVILLE, MD NO 233-34-3516 18. CAUSE OF DEATH (Enter only one cause per line for 10176), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION ONDITION FOR WHICH OPERATION WAS PERFORMED 20M IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY INFCERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STREET CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC I NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from sow the deceased alive on Rose. and that in (my) (eek) opinion death occurred an the date and hour and fram the causes stated abave, (1) (nee) (did nat) view the bady after death DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 12/16/1986 BURTAL MT. HEBRON CEM. WINCHESTER, 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR

WASH., DC

99968P29 OHMH 16 60M 7/84 (VRA 15, 4)

HYSONG CO., INC-1300 N ST., NW



MPORTANT, If he

FRANCIS H. BARBER

DHMH - 16 60M 7/84

(VRA 15, 4)

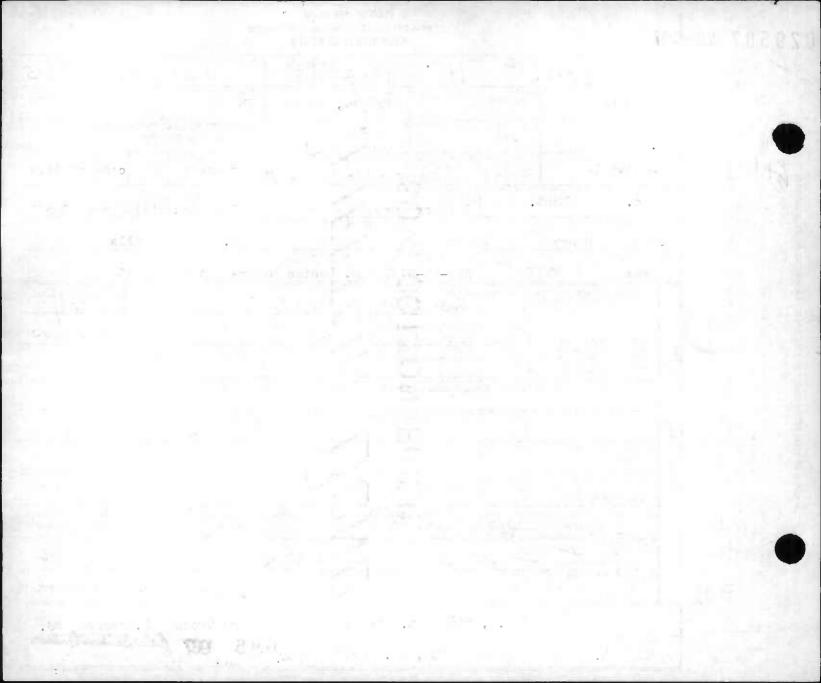
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

							REG. NO	J.		
	CEASED NAME E OR PRINT)	OHA	OUTA	H.	M	MAGERS	20. DATE OF DEATH	MONTH DAY		26 HOUR 25/5
3. SE	× MALE		RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Mo			USA	WHAT COUNT	RY? B MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Montgo	R COUNTY O	FDEATH	N
	Rockville		SHAP	4 OR	OUE A	vents? Hosp	120. USUAL OCCUPATI (TESTPENTEL	ON IF WORKING LIFE)		ruction
13u	AL RESIDENCE IS NURS	Mon't		ISL CITY OR T	erore admission) own ersburg	YES X NO .	13e.STREET ADDRESS		Road	20877
	THE RESIDENCE OF THE PARTY OF T	nry		gers		Lula	V.	Mi1	1s	
	WAS DECEASED EVER YES POOR UNKNOWN! YES		ED FORCEST WAR OR DARFIN T	578-09		H. Louise Ma		as # 1		MATE BUTTERY AL
CERTIFICATION & ESS.	Conditions, if any, gave rise to imm cause oil, state underlying cause PART 2 OTHER SIGN	nediate g the last NECANT CO	DUE TO, OR		QUENCE OF	NOT RELATED TO THE TERM	286 AUTOPSY? YES NOW	DITION GIVEN 206, IF YES, W 104 CERTIFY IN YES.	VERE FINDING CAUSES	GS USED
MEDICAL CER	THE ACCIDENT WAS USED ON CONTRIBUTING (I I ET ALL MOLET MEDIA 21d NUJURY OCCUR?	CALEBAMPER	P.) 21e. PLACE (M. MONTH M.	DAY YEAR 19	21E LOCATION STREET	RED (14)18 WILPI OF FOUR	SAN UNICAS SE SE	COUNTY COUNTY	STATE
	27s. I certify that (I) forw the discease observe (I) (we) to 27s. Signature (I) (we) to 27s. Signatur	(this hospito ed alive on a fid) (did not)	Tra	·	9 06 00	d that in (my) (our) opinion DEGREE ATTENDING	death occurred on the do	ate and hour a		1 1
23a.	BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL	JAN.3,		Ft. Lir	EMETERY OR CREMATORY	Brentwood	ı P.G	eorge	Md.

LAYTONSVILLE, MD. 20879



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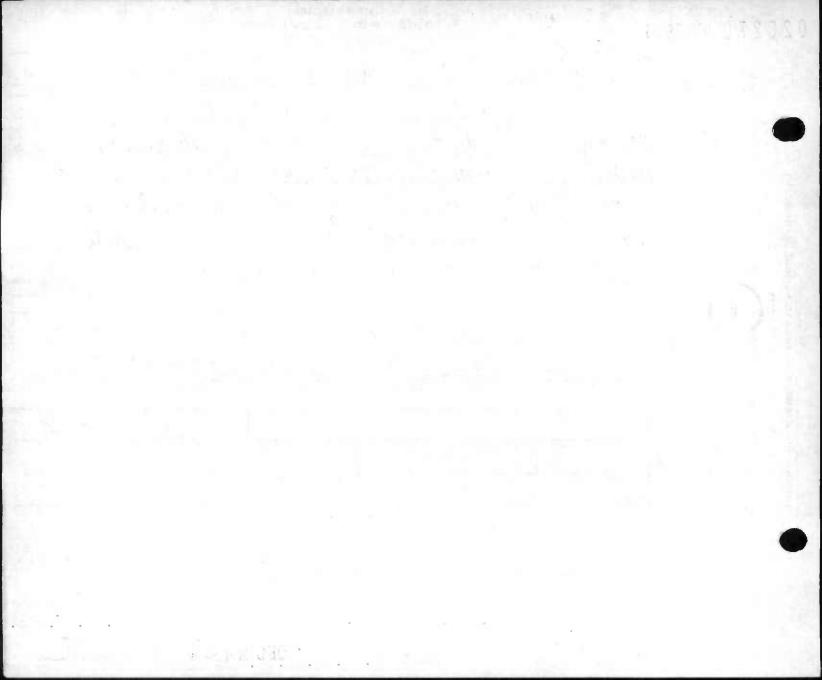
STATE OF MARYLAND



Takoma Funeral Home.

Carroll St. N

DHMH-16 60M 1/73 (VR A 15 (4)) 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



02777

STATE OF MARYLAND

DEF	CERTIFICATE OF DEATH	REG. NO.				
	LAST	26. DATE OF DEATH MONTH	1 DAY	YEAR	2b HOUR	
~ 11	143 0 11143 12		7.4	3000		

	CEASED NAME	FIRST	٨	AIDDLE	L	AST	2s. DATE OF	DEATH MON	HIM	DAY	YEAR	2b HOU	2
	E OR PRINT)												
TAME	Solo	omon	n p	IMN"	MΔ	RKMAN	ומ	ECEMBER	7	4 1	986	6.16	a /
3. SE	×	4.	RACE	11111	5. DATE C			EARS LAST BIRTHDA		IF UNDE	RIYEAR	IF UNDER	
M	ALE		Caucas	ian	MARC:	1090	88		YRS.	MONTHS	DAYS	HOURS	MIN
	IRTHPLACE (STATE OR FOR	REIGN 7b	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMO	RE CITY OR C	OUNT	Y OF DE	ATH		
P	ENNSYLVANIA			States	WIDOWE	DIVORCED		omery (٨
	ITY OR TOWN OF DEATH	н 11	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET HOSPITAI	ADDRESS)	DR OTHER INSTITUTION	120 USUAL C	CCUPATION CFOR MOST OF WO	ORKING L	IFE) 12b.	USTRY	BUSINE	ss o
USU	AL RESIDENCE (IF NURSING		HER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)				_				
		3b. COUNTY Sontgo		13c. CITY OR TOW BETHEST		13d. INSIDE CITY LIMITS?		address / zii GRETNA			/208:	1.4	
14 FA	ATHER'S NAME		2015	LAST		15. MOTHER'S MAIDEN NA	ME						
	ACOB	"NM		MARKMAN		Rache1	"NMI			M2	ARCO		
	WAS DECEASED EVER IN	U.S. ARME		166. SOCIAL SECU	URITY NO.	17. INFORMANT		ADDRESS 5904 I	PSW	ITCH	ROAI)	
ES		1919		220-26-	-7082	LOIS V. GAR	GANO	BETHEC		MD	200		
	Conditions, if ony, v gove rise to imme- cause (a), stating	diote the	DUE TO, OF	PNEUMONI R AS A CONSEQUE R AS A CONSEQUE	ENCE OF								
CATION	Conditions, if ony, v gove rise to imme- cause (a), stating underlying couse	which ediote the lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	MINAL DISEASE	PSY? 20	b. IF YE	S, WERE	FINDIN	GS USED	
TIFICATION	Conditions, if ony, vegove rise to immercause (a), stating underlying couse	which ediote the lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF			PSY? 20	b. IF YE		FINDIN	GS USED	
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MEDICAL CERTIFICATION	Conditions, if ony, vegove rise to immercause (a), stating underlying couse PART 2. OTHER SIGNIF 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURREI WHILE NOT WHILE	which redicate the lost. FICANT CO ON RIVING USE OF DEATH LEXAMINER) D E	DUE TO, OF (c) 19b. CONDI 21b. TIME O HOUR AJ 21e. PLACE	R AS A CONSEQUE R AS A CONSEQUE THOM FOR WHICH FINJURY M. MONTH D M.	DEATH BUT H OPERATION AY YEAR 19	n was performed	200 AUTO	PSY? 20)b. IF YE I CERTI Y	ES, WERE IFYING ('ES PART I OR	FINDIN CAUSES (GS USED DF DEAT NO	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP

Dec. 16,1986 Arlington National Representation Robert A. Pumphrey Funeral Homes, PA 7557 Wisconsin Avenue Bethesda, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

la Deadon A

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 0 000	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE REG. N	0.	3 ()	
3 U DEC		EASED NAME	FIRST		MIDDLE	l	AST		MONTH [DAY YEAR	26. HOUR
de de de		Hollis	Robe	erta	Boyd	Ma	artin	DECEMBER	12,	1986	1:24P
1 h	3 SE	×		I. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1		Temale		White			23, 1915 ar	71	YRS.		
47	70. B	RTHPLACE (STATE OR COUNTRY) ishington,	D. C.	b. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	DEVER MARRIED DEVELOPMENT	9. BALTIMORE CITY O		OF DEATH	MD.
HY	(or town of de. Dlney		Monto	OMERY G	enera	ROTHER INSTITUTION al Hospital	170 USUAL OCCUPAT TYPE OF WORK FOR MOST OF H. Maker	ION DF WORKING LIFE	12b KIND C INDUSTRY Home	PF BUSINESS OR
3	LISU.	AL RESIDENCE (IF NURS STATE Id.	13b COUN Mont	THER INSTITUTION	13 CITY OR TOW 01ney	admission) N	13d. INSIDE CITY LIMITS? YES MO	3377 Tidew	ater (Court	20832
10		ROBERT	SEYMOŰ	R .	BOYD LAST		FRANCES	M. MIDDLE	ESSE	EX LAS	T
medicity/	6a. \	VAS DECEASED EVER		NED FORCES? WAR OR DATES)	578-56-9	_	onelope Adam	2083 Tom Gaither		Md. 2	
moral.		PART I. DEATH W	VAS CAUSED	y ane cause pe BY: CAUSE (a)			ilmoning Al	rest			MATE INTERVAL ONSET AND DEATH
non, or n		Canditions, if ony		DUE TO, C	OR AS A CONSEQUE	ence of	Respir-tory	Filore		10	MO.
al, crema r ather tr		gave rise to improve (o), static underlying cause	ng the	DUE TO, C	R AS A CONSEQUE	NCE OF	Literia Se	leresis		2 ,	R.
njury, e	NO	PART 2. OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	EN IN PART 11	21
And Simple	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES	
19	1000	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT		DF INJURY M. MONTH D/ '.M.	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART OR PART 2)	
Topour	MEDICAL	21d. INJURY OCCUR			OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
of Healt 21 is ma		22a. certify that (1) sow the deceas abave, (1) (we) (ed olive on_	Aug. 21	919		d that in (mv) (our) opinion	, to OPC.	12 ate and have	and from the	that (<u>I)</u> (we) last causes stated
Te per		226. SIGNATURE					DEGREE	HEDICA:		22c. DATE	SIGNED
5				g. 2	7075			MEDICAL STA			2-76
RTA		22d. PHYSICIAN'S N					22e ADDRESS 66 2 2	o Frederic	1e R	4. 521	
Q.		Frank	Mayo	, MD			6 1	bell burg.	nd	201	

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECT should be detached to with the State Dept of IMPORTANT: If them 2

24 FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

DEC.18,1986

23b. DATE

230. BURIAL, CREMATION, REMOVAL

23d LOCATION
CITY OF TOWN
ARLINGTON ARLINGTON NAT'L CEM. ARLINGTON 250. DAJE REC'D. BY REGISTRAR 25%, REGISTRAR'S SIGNATURE

1250. DAJE REC'D. BY REGISTRAR 25%, REGISTRAR'S SIGNATURE

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- STATE

TYPE OR PRINT

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

FIRST

DELL'ASED NAME

Healthfood Ind 13e STREET ADDRESS / ZIP CODE 5507 Helpine Place Piper ADDRESS Lenor Martin: P.O. Box 63, New Geneva, Pa. 24 hours PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) CITY OR TOWN COUNTY STATE and that a (my aur) apinian deoth accurred on the date and hour and fram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN (SPEBurial Dec 29 1986 Cedar Grove Cemetery New Geneva, Penna. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ives-Pearson F.H. Arlington, Va 22201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

26.

1986

IF UNDER 1 YEAR

25 HOUR

12b. KIND OF BUSINESS OR

4:40AM

20 DATE OF DEATH



Same as # 13 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? [ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2] COUNT STATE 22r. DATE SIGNED DIRECTOR PHYSICIAN ROCKVILLE MONT. MD. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 20879

2b HOUR

BEAUTY SHOP

20879

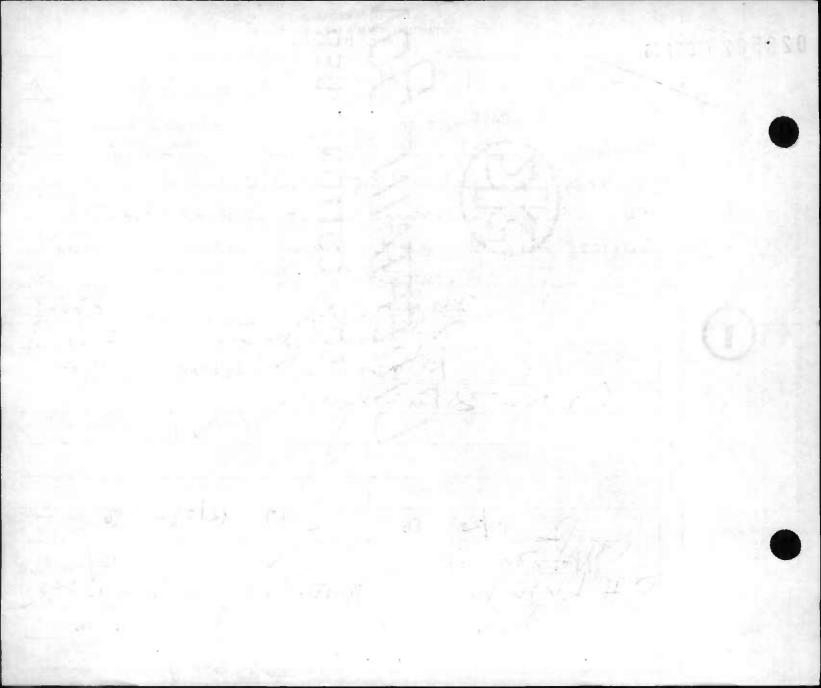
IF UNDER I YEAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS н.

BARBER LAYTONSVILLE, MD.

STATE OF MARYLAND



STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

DHMH - 16 60M 7/84

24. FUNERAL DIRECTOR Robert A. Pumphrey, Funeral Homes, 300 W. Montgomery Ave. Rockville, Maryland (VRA 15, 4)

Dec. 11, 1986

E.H. Hughes, M.D.

230. BURIAL, CREMATION, REMOVAL

Buria1

(SPECIFY)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Landover, Maryland

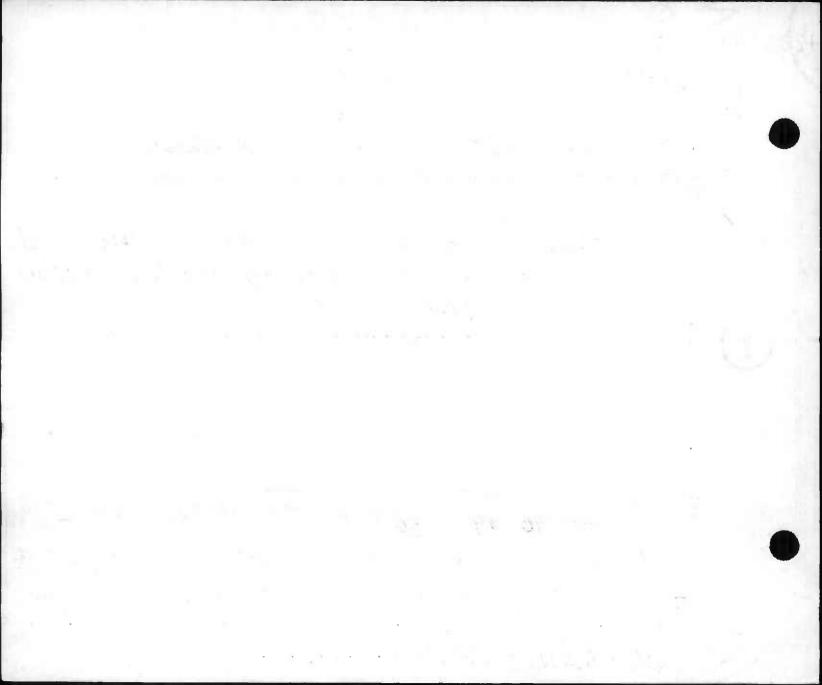
Waterbury New HavenConnecticut

2b HOUR

7:00a 4

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) TE						STATE OF MARYLAND	8 6 3 5 8 4	
028	356	O DEC 3		FOR STATE REGISTRAR	DEPARTA	IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
	e q	7		CEASED NAME FIRST OR PRINT! GRACE	MIDDLE .	Mc Cerey	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 12 25 86 / A	<u></u>
	age 4 moy	5	3. SE)	semale	4 RACE White	3 DATE OF BIRTH MONTH DAY 18494	6 AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR # UNDER 24 HRS 92 YRS # UNDER 1 YEAR # UNDER 24 HRS #	
	deoth. Po	hir 72 ho	F	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DOMES OR OTHER INSTITUTION		AD.
201	rs ofter	by the	Be	ethisda, md	PROSVERVOR TE	PAITH CARE CENTER	176 USUAL OCCUPATION 178 KIND OF BUSINESS OF A 1796 OF WORKER FOR MOST OF WORKING LIFE) INDUSTRY	
AND 213	n 24 hou	and	73a S			N 13d. INSIDE CITY LIMITS?	130 STREET, ADDRESS / ZIP, CODE	14
MARYL	rted within	182)	THER'S NAME FIRST Fielder	MIDDLE MARIE	15. MOTHER'S MAIDEN NA.	Tellie Mode Roty 711	il.
BALTIMORE, MARYLAND 2120	pe execu	r Poges medical			WHO 220- 28-	7486 Jun Me bon	very 4304 Grad Dr. Lockville	2
	tificote	physical phy		PART I. DEATH WAS CAUSE	lly one couse per line (a), (b), oni D BY: IE CAUSE (a)	MONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
201 W. PRESTON ST.,	(8)	troumotic EFS.		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	ebro VAScu	LAN ACCIDER	_
W. P	101	o g		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF		_
	requires	en signed . Then ple not to burio injury, or	TION	OLDMY	OCANDIAL	Ireforez Hyp	entension, Organic Brain	4
AL RECO	The low	e hos be	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	NOL IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO	
DIVISION OF VITAL RECORDS,	SICIAN:	certificot miol-tron enol Hy frm IX	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)	
IVISIO	NG PHY offendi	After this e os the bu	MED	21d INJURY OCCURRED WHILE INOT WHILE IN AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F		CITY OR TOWN COUNTY STATE	_
	ATTENDI	for us of He 21 is		sow the deceased alive an above, (I) (we) (did) (did no	to) attended the eccosed from 19		deoth occurred on the dote and hour and from the causes stated	ist
	TAL OR y	Stote Dept Stote Dept ANT: If Item		Roland	Lup evil		DIRECTOR PHYSICIAN 220 DATE SIGNED	8
	O HOSPI	should be der with the Stote		ROLAND T	MPENIAL W	27: ADDRESS 49-77 BG	TTONY LAME BETHESOA	<u></u>
	₽₽ BP		230.	URIAL, CREMATION, REMOVAL	1234 DATE 236. N	t. Marks Church		, Mc
		16 50M 4/83 A 15, 4)	X	Strur Vellers	25 Takoma Fl	nStal NHome. 1250 DAI	18 2 9 1986 Aulia Troiden Porder	_



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

П	. UD	REGISTRAR				CERTIF	ICATE OF DEATH	REG, N	10.			
١			IRST	, , , , , ,	MIDDLE	L,	AST	2a. DATE OF DEATH	MONTH DAY		26. HOU	IR
	(TYPE	ORPRINT) RABY 1	Alicia	a Shanik	a Hamn	and Me	Clellon		12 6	86	12"	OM
	3. SEX				12011111	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BE				
	1	emale	195			12	6 86		YRS.		2	25
		RTHPLACE (STATE OR FORE	IGN 71			Y? 8 MARRIE	NEVER MARRIED			FDEATH		*
/	200	MARYLAND	. 2									MD.
3	SK	TY OR TOWN OF DEATH	4	4024 C	ROSS H	SPITAL		(TYPE OF WORK FOR MOST OF WORKING LIFE)				
1	13a S	TATE 131	COUNT	Y	130. SILVEY	Spring	1E3 E3 100 []		ar Drive	e #101	20	910
3	4 FA	THER'S NAME	M	IDDLE	LAST			110011		LA	ST.	
	1	Alexander			Hami	mond	Burnette Mc	Clellon		-		
					A	CURITY NO.	17 INFORMANT			E A SU		55 (3)
	(1	res, no or unknown) (1	**************************************		n/a		Burnette McC	dellon same	as 13e			100
		18. CAUSE OF DEATH	Enter only	ane cause per	line far (a), (b),	and (c).	0.4 1/5.14.2			APPROX BETWEEN	MATE INTER	DEATH
		PART I. DEATH WAS	CAUSED	CAUSE (a)	ARDIO-	RESPIRI	ATORY FAILUI	RE	MINE L	14.7		
3		Canditions, if any, w		((b)_	IMMA	TURI.	7 /			1.000	9-16	
Ы	13	gave rise to immed cause (a), stating		DUE TO, OI	R AS A CONSEC	QUENCE OF				13	100	
Ч	183	underlying cause	tast.	(c)_								
	-	PART 2. OTHER SIGNIF	CANTCO	ONDITIONS CO	ontributing t	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVEN	IN PART 1	a	
	10							InTORCY2	Tool in Med M	TERE FINIDA	1001105	
2	CERTIFICATION	19a DATE OF OPERATIO	Ν	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		IN CERTIFYIN		OF DEAT	TH?
-	198	21a. ACCIDENT WAS UNDERL	YING				21c. HOW INJURY OCCUR			I OR PART 2)		
1		OR CONTRIBUTING CAU										
	MEDICAL	21d. INJURY OCCURRED				- IY	211 LOCATION			500000	100	2.10
	M.	WHILE NOT WHILE		(AT HOME, STE	REET, FACTORY, OFFI	CE, FARM, ETC)	STREET	CITY OR I	DWN	COUNTY		HAIL
H			is haspita	ıl) attended th	e deceased from	m 12/6	186 19	, to 12/6	/ 19	86	that (I) (we) lost
d		saw the deceased o	olive an	12	16/19	0/1	nd that in (my) (aur) apınıan	death accurred on the c	late and haur a	nd fram the	causes sta	oted
ď		226. SIGNATURE	100									2.4
Ų		A. Cuebren	lan	_			ATTENDING PHYSICIAN [121	6/8	6
1		22d. PHYSICIAN'S NAMI	E (TYPE OR	PRINT)	MATERIAL STATES		22e ADDRESS			72 YE		
		A. GEBRES	CELA.	35SIE			HOLY CROSS	HOSPITAL	SILVE	R SPI	PING	, mo.
	23a. B	BURIAL, CREMATION, REA	A Alicia Shanika Hammond. Mc Clellon Record Record	146								
		Burial										
	24 FU	INERAL DIRECTOR T	yson	Wheele	r Funer	al Hom	e, Inc.	TE REC'D. BY REGISTRAL	25b. REGISTRA	R'S SIGNA	UREAR	-
	11.5	TOOT KOCKAI	пе Р	ike, Roc	kville, N	vid. 2085	2 01	0 1 1 1000	1			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	e o last	16 66 000	
	TOOK, DIE, EILLY	ille i e, co	THE SOLE TEET

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in by the funeral director, page 3 at the wild in 72 hours after death

should be detached for use as the burial-transit permit. Then please remove carbon page with the State Dept of Health and Mental Hygrene prior to burial, cremation, at immoving MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

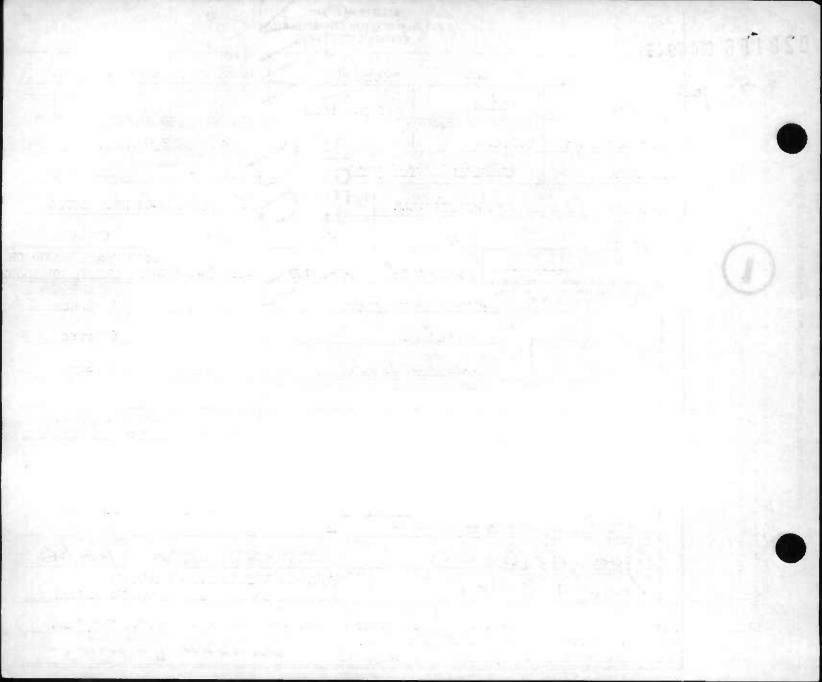
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC		FOR STATE CREGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N			
JE G	T. DE	CEASED NAME	FIRST		NIDDLE	1	AST	20. DATE OF DEATH		AY YEAR	2b. HOUR
	(TYPE	OR PRINT)	ell'	50	7	McC	umber	DECEMBER	9, 198	6	5:20 a
12	3. SE			race WHIT	E	5. DATE C		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
1/		RTHPLACE ISTATE OR FOR COUNTRY) uth Carolin		CITIZEN OF V	WHAT COUNTRY	Y2 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY		MD.
6	in .	ITY OR TOWN OF DEATH	1 11		IOSPITAL, NURS FRACILITY GIVESTRI TCAL CE	SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Secretary	ION	126 KIND C	F BUSINESS OR
35					GIVE RESIDENCE BEFF 13c. CITY OR TO HYATTSV		13d. INSIDE CITY LIMITS? YES XX NO []	130 STREET ADDRESS 5106 FLIN	ZIP CODE TRIDGE	DR.	20784
64	M. FA	Frank	MID	DLE	Floyd		Viola	Mae Mae		Cri	bb
2	No.	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W		249-38-		MRS. JUDY	ADDR BECKER (DAU	460		INGWOOD D
		18 CAUSE OF DEATH PART I. DEATH WAS	Enter only of	one couse per					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
		underlying cause	diate the lost.	(b) I	AS A CONSEGUE AS A CONSEGUE AS A CONSEGUE OVARIAN	OUENCE OF CARCIN	OMA NOT RELATED TO THE TERM	6 ho	ars		
1	CERTIFICATION	190 DATE OF OPERATIO			TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES,	WERE FINDIE	NGS USED
7		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	216 TIME OF HOUR A./	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7)			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		22a.1 certify that XI (this haspital) attended the deceased from October 25, 19 86, to DEC. 9, 19 86, that XI (we) last sow the deceased olive on DEC. 9, 19 86, and that in (XI) (our) apinion death occurred on the date and hour and from the causes stated obove. XI (we) (did) (did) XI(t) view the body after death. 22b.3IGVATURE DEGREE									
7		LOUEL 22d. PHYSICIAN'S NAM	Y CO	ller	MD		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	TIAN P	12/	9/86
		Kevin	J. (Culle	en			CENTER, BET	OF HEA HESDA	LTH MD 2	0892
	Bu	BURIAL, CREMATION, RE (SPECIFY) rial		236 DATE 12-11-	-86 1	Ft. Lin	emetery or crematory coln Cemetery	23d. LOCATION CITY OR TOWN Brentwood	l, P.G.	county Mary	land
/84	TR	ANG TOPRECT GASC	H'S S	ONS FU				E REC'D BY REGISTRAR	256 REGISTR	AR'S SIGNAT	LIRE
-	47	39 Baltimor	e Ave	., Hyan	ttsville	, Mary	land 4	EU 23 1960	June	distribus;	n- kondatile



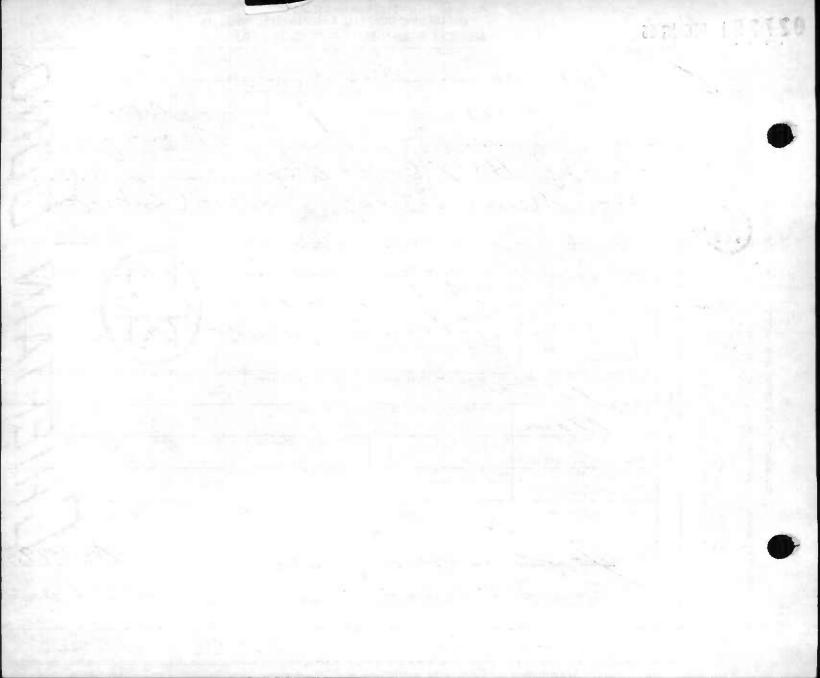
STATE OF MARYLAND

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To Montgomery Setucida x 10112 and ordered x. a.ba)

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JEC22 BUS JACK



JAKE

FIRST

MIDDLE B.

9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TTERE ORCHANGER RKING LIFE LE LA CALLELL 227FDAWGODFTESOF RD. 20879 TESTER LAST **ADDRESS** SAME AS # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) METASTATIC LARGE GELL CARCINOMA OF RIGHT LUNG MONTHS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE DECEMBER _, and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated 22c DAJE SIGNED DIRECTOR PHYSICIAN PHYSICIANS LAME LATTONSVILLE MD. STATE MONT. FRANCIS H. BARBER 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 20879 LAYTONSXILLE, MD. Coldern.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MCELYEA

2a. DATE OF DEATH

26 HOUR

FOR

- STATE

REGISTRAR

DECEASED NAME

PRINT

DHMH - 16 60M 7/84

(VRA 15, 4)



April 10 may 10 may 10 may 21 mage

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φ.	STATE REGISTRAR			DEPARTA			F DEATH	I GIENE	REG.	NO.				
	CEASED NAME	FIRST	1	MIDDLE	Ŀ	AST		20. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
(1791	Et]	hel		V	McGil	licuo	ldu			12	22	86	5:48	p,
3. SE	Female		1. RACE Caucas	ian	5. DATE C	d DA	1914	6 AGE	IN YEARS LAST	BIRTHDAY)	MONTH	DER 1 YEAR	HOURS	MIN.
	shington,		U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE		ER MARRIED [9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery					MD
	or town of dea		Montgo	HOSPITAL, NURSIN HFACILITY, GIVE STREET OMERY GEN	eral :	R OTHER Hospi			ALOCCUPA VORK FOR MOS		G LIFE) IN	DUSTRY	Reg.	
13 ₀ M	AL RESIDENCE (IF NURS STATE aryland	Monte	other institution. IY gomery	SELVETOS		YES 🗌	DE CITY LIMITS?	150	et address	s/zipco		vrt	2090	6
14. F	Joseph	٨	A,	Clement	S	15 MOTH	ER'S MAIDEN N	IAME	WIDDLE			Shi	res	
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	579-05-4		Dani	RMANT Cel J. M	cGill		ress hus	bano	d sam	e as	#1.
	18. CAUSE OF DEAT PART I. DEATH W	AS CAUSED	E CAUSE (a)	line or (a), (b), and (c) (b), and (c)	Mey	B	rest						MATE INTERVA	AL EATH
	Canditions, if any gave rise to imm cause (a), statir underlying cause	mediate	(p)		mia	ales								_
NO	PART 2. OTHER SIGN	VIFICANTO	onpitions co	MIRBUTING TO E	DEATH BUT	RELA	TED TO THE TE	MINAL DISE	ASE OR CO	NOITION (GIVEN IN	PART 110	1.	
CERTIFICATION	4 Dac	86	7 Lond	YON FOR WHICH	OPERATION OF THE PROPERTY OF T	notos	REORMED	20a A YES	UTOPSY?	20b. IF IN CER	YES, WE TIFYING YES []	RE FINDIN CAUSES	GS USED OF DEATH NO []	?
MEDICAL CE	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	HOUR A.I	M. MONTH DA M.	AY YEAR		V INJURY OCCL	JRRED (ENTE	R NATURE OF IN	DURY IN ITEM	B PARTIC	OR PART 2)		
MEC	21d. INJURY OCCUR	HILE		EET, FACTORY, OFFICE, F			REET	-	CITY OR			OUNTY	\$1A	TE
	220. I certify that (I) saw the decease	ed alive an_	December	acceased main	vecem		my) (aur) apınio	, 10	rred on the				that (I) (we causes state	
	22h SIGNOTURE	14	7.100	200	m	DEGREE	ATTENDING	MEDIC	AL ST	AFF		12 DATE	3/K	/_

Robert Barnett 23a BURIAL, CREMATION, REMOVAL

3906 Bel Pre Road, Wheaton, Md. 20906

Burial

Dec. 27, 1986 Gate of Heaven Cemetery Silver Spring Montgomery Md.

Francis J. Collins, Jr. 24 FUNERAL DIRECTOR

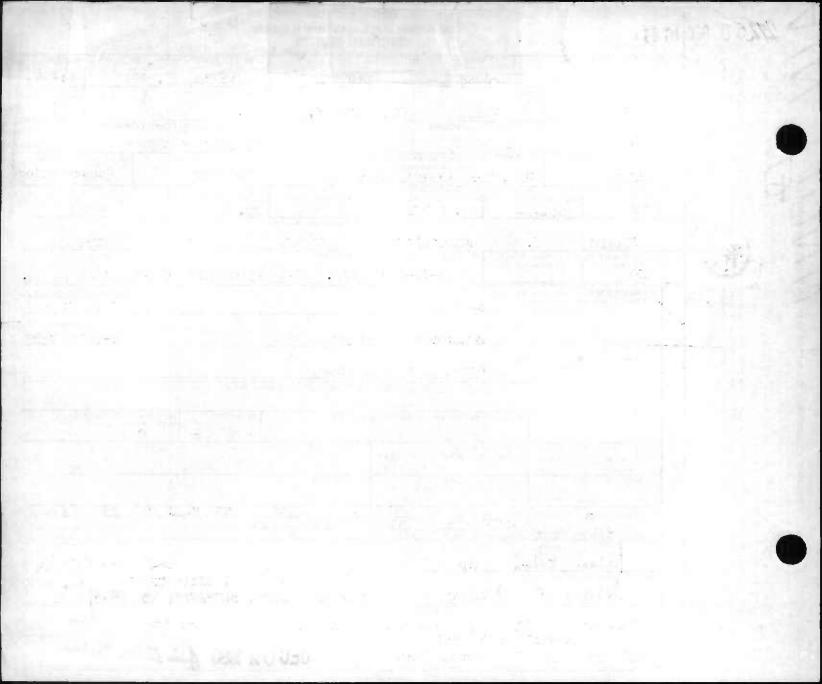
500 University Blvd. West, Silver Spring, Md.

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)



9.27250 DEC	16	REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE BEG. NO	3	3 0	1 1	
		ECEASED NAME FIRST	MIDDLE ,		AST	20 DATE OF DEATH A		YEAR	26 HOUR	
2 75	(TYP	KEVIN	JOSEPH	1	CLOUGHLIN	NOVEMBER	26. 198	36	8:45A _M	
o do d	3.58		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS	
4 95	1	MALE	WHITE	SEPTI	MBER 18, 1959	27	YRS.	THS DAYS	HOURS MIN	
- 10 m	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	RY? 8		9 BALTIMORE CITY OR		DEATH		
	1	Towa	IICA		D NEVER MARRIED DIVORCED	MONTGOMERY			MD.	
. L. 11	1	SETHESDA	IISA 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S NIH, THE CLII	INCE I PIDOMEDOS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laborer	WORKING (IFE)	126. KIND OF INDUSTRY Cons	ind of Business or Istry Construction	
Miled in Cold by Annual Cold by Annu	ÜSÜ	AL RESIDENCE (IF NURSING HOMEOR 136 COUN	NTY I3t. CITY OR	TOWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE	505	01	
The state of the s	12.5	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST		
i All	17		F. MCLOUG		DOLORES	ANN			PHENS	
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRES	S			
	1	NO		-72-3533	MRS. HOLLY	MCLOUGHLIN	(WIFE)		E AS PT.	
THE STATE OF THE S		18 CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b	i, and (ci.)				APPROXU BETWEEN C	MATE INTERVAL DINSET AND DEATH	
The phy series	1	PART I, DEATH WAS CAUSE	TE CAUSE (a) CARDIAG	C ARREST	1			5 MI	NUTES	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 2 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 2 CARBOLING TO SERVICE MARYLAND 24 Mary Strict the cartificate be successed within 24 Marylands physician. When please the death of the death of completely illed as the build-fragient prior to build, cremostion, or removed.	l	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONS (b) RESPIR DUE TO, OR AS A CONS (c) RENAL	ATORY F				2-172	2 MONTHS	
cognites the seen signed of Them piles to burned my injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN 20a AUTOPSY? 20b. IF YES, V				
ALREA OF THE PARTY	TIFIC	THE OF CLEANION				YES NO	IN CERTIFYIN	G CAUSES	OF DEATH?	
OF VIT.		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	r IN ITEM 18 PART	1 OR PART 2)		
O PHYSION ortending er this ca t the burn and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OF		211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE	
ATTENDIN ospetal or ECTOR, At d for use o d of the shift m 21 timo			ntol) attended the deceased from NOVEMBER 26	om JULY 19 <u>86</u> , o	29 , 19 86 and that in (n) (our) opinion			86 nd from the		
At OR At OR At DRING the but Dept deforthe one Dept of it is the			Whi MP		ATTENDING PHYSICIAN [MEDICAL STAF	FIAN		000 86	
TO HOSPITA etained by TO FUNERA should be do with the Stat		22d PHYSIGIAN'S NAME (TYPE OF	T. RUBIN		ROCKVILLE PI	ONAL INSTITU		HEAL 20892	тн, 9000	
199999		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	11-28-86	Bruces	EMETERY OR CREMATORY Funeral Home	23d. LOCATION CITY OF LOWN FOR L	_			
DHMH - 16 60M 7/84 (VRA 15, 4)	24.1	FUNERAL DIRECTOR Marsi	hall's Funeral W: Washington,		25a DA	TE REC'D. BY REGISTRAR?	256 REGISTRA	R'S SIGNAT	JRE	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

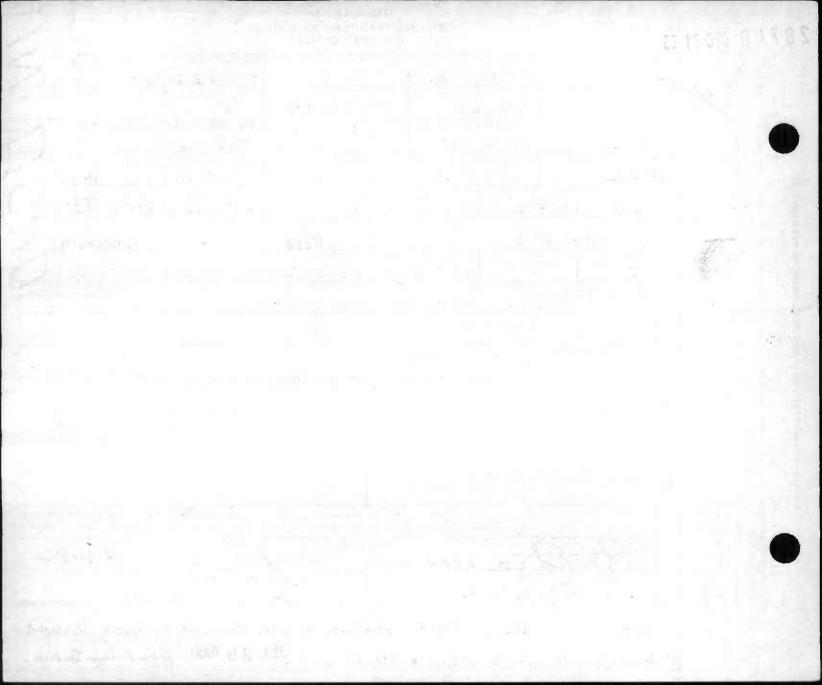
85	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N			. 4	
1. DE	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
(TYP)	E OR PRINT)	DELE MIL	LER MEADO	W		DECEMBER 1	19 1986		4:51 P	
3. SE		4. RACE	DDK HDHDC	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
	FEMALE	CAUCAS	IAN	JÄNU	ARY 30 1952 2	64	YRS.	ONTHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C)F DEATH	T PAGE	
	IEW YORK		STATES	WIDOWE		MONTGOME			MD.	
В	ETHESDA	(IF NOT IN SUC	NAVAL HO	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOUSEWIFE HOME				
3a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION INTY RFAX	GIVE RESIDENCE BEFORE 13c. CITY OR TOW SPRINGE	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6918 BARNA		VE 9	22152	
9	ATHER'S NAME FIRST NATHAN M	MIDDLE ILLER	LAST		15 MOTHER'S MAIDEN NAME FIRST ROSE	ME	a	UNKNOC		
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		2111-1-0-0	-113-1	
	(IF YES, G	IVE WAR OR DATES)	051-18-5	688	SAM MEADOW, 6	918 BARNACE	CDRIVE	,SPRIN	GFIELD, V	
CERTIFICATION	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DONTRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERM		20b IF YES, Y	WERE FINDIN	NGS USED	
TIFIC						IN CERTIFYING CAUSES OF DEAT			OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC }	211. LOCATION STREET	CITY OF TO)WN	COUNTY	STATE	
	220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did n	DECEMB	ER 19 19		IBER 4 , 19 86 and that in (my) (our) opinion	, to _DECEMB! death accurred on the d		and from the	that (I) (we) lost causes stated	
	22h SIGNATURE	Den	LCDR,	м. д		MEDICAL STA		22. DXTE	SIGNED U.S.C.	
	R. P. SEN, L	CDR, MC,	USNR			HOSPITAL	314-501	1		
	BURIAL, CREMATION, REMOVA (SPECIFY)	L 236. DATE		LINGTO	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	4	COUNTY	U RGINIA	
.24 F	UNERAL DIRECTOR	1000	ADDRESS	., ., .,		E REC'D. BY REGISTRAN	256. REGISTRA	AR'S SIGNAT	URE	
W.	W.CHAMBERS CO.	INC. SIL		MA	MUAND UE	CS 8 1300	Julia d	Divideon.	Rendale	

W.W.CHAMBERS CO., INC. SIWER SPRING MARYLAND

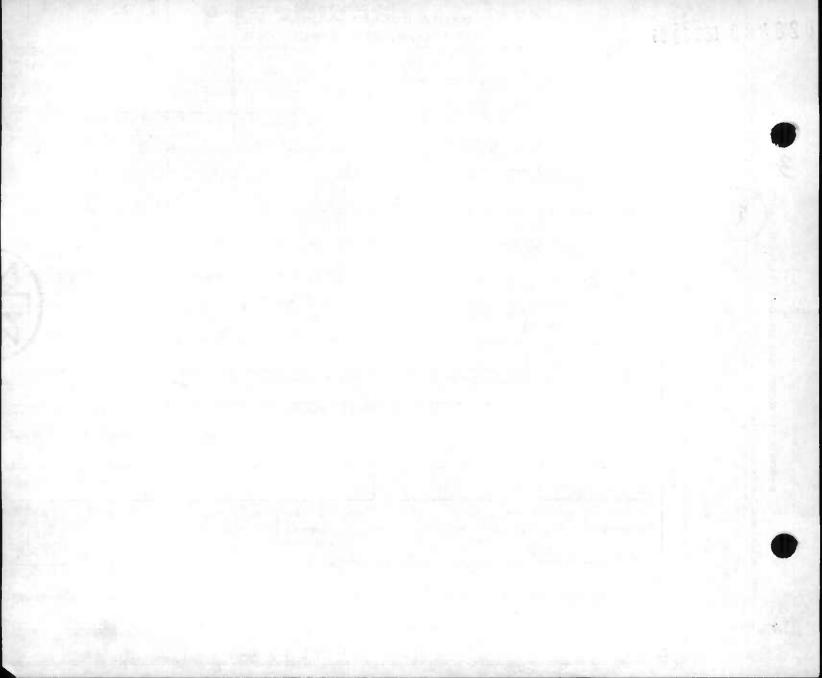
DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physic hould be detached for use as the burial-transit permit. Then please remove carban populy the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remavo PORTANT: If Item 21 is morked ar Item 18 shows any injury, or ather troumatic event,

ATTENDING PHYSICIAN: The low



200		1.	FOR				ARYLAND	TYGIENE 6 3	5 8 3
1781	189 DEC:		STATE RIGISTRAR	ME	DICAL EXAM	NER'S	ERTIFICATE C	OF DEATH . REG. NO.	,
		1. DE	CEASED NAME PIRST		MIDDLE		EAST	20. DATE KNOWN N	MONTH DAY YEAR 26 HOUR,
	ET. SE.	(11)	Ma	via_		w.	adollin	OF ESTI-	12 14 86 1201
	NECESSARY PLEASE HJNERAL DIRECTOR. FOR YOUR FILES. WITHING HOURS PRESTON STREET,	3. SE.		5. DATE OF BIRTH	YEAR LAST BIR	YEARS IF UN	DER 1 YR. IF UNDER	2 24 HRS 2c DATE MPRONOUNCED DEAD	DAY YEAR 24 HOUR
	SSAL STATE		RTHPLACE (STATE OR PREIGN COUNTRY) Ameri	76. CITIZEN OF W	HAT COUNTRY?	7	IED NEVER MARR	9 BALTIMORE CITY OR C	
	SING SE	Co	PREIGN COUNTRY) Ameri 1umbia, Sout	h Southon	umbia merica	WIDOW		- 1a	le on eny un
2	SEC THE ST	ID. C	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HC CILITY, GIVE STREET ADDRES		ER INSTITUTION	12g USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	WORK 126 KIND OF BUSINESS OR INDUSTRY
15	202 H 8		Lockville, M		Valley_	Nursi	ng Home	Domestic	Embassy
21201		13a S	TATE Maryland	WONT.	13c. CITY OR TOWN Rockvi	4	134 INSIDE CITY LIMITS?	Potomac Valle	y Road
A O	2000	14 F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE	LAST
ORE,			Unknown				U	nknown	
TIMO	PA-PA-PA-PA-PA-PA-PA-PA-PA-PA-PA-PA-PA-P	16a. \	WAS DECEASED EVERTN U.S. ES, NO, OR UNKNOWN) (IF YES, G	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	(D.C.)
BAL	URS AFTER B. GIVE P. WITH FOI T. PAGES DIVISION		No		579 54	7949	Manuel G	eraldo, Esq., 13	16 Pa., Ave.SE
ST.			18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one couse per line		0,	8 -	1 8-	APPROXIMATE INTERVAL
NO	V 24 HOUR N ITEM 1B. ALONG W IT PERMIT. YGIENE, D			DIATE CAUSE (o)	Ca	-Qi	OFFEBRIO	rodor of CEL	1531
REST	- IOTS		Conditions, if ony, who		AS A CONSEQUENC				0.18
×.	NA PENCIL IN NA PENCIL IN NA PENCIL IN AL - TRANSIT MENTAL HY N, OR REMO		gove rise to immedia couse (o) stating the und	ote (b)	AS A CONSEQUENCE		700	terioscleio	>(>
V 103	A & 1 111		lying couse lost.		AS A CONSEQUENC	E OF			
DS. 2	EXECUTED NG" IN PR CAL EXAM BURIAL- I AND MEI MATION, (PART 2 DTHER SIGNIFICANT CONDITIE	(c)	BUT NOT BELATED TO THE T	COMINAL DICEACE	OR CRUBITION CHEST IN THE	AY 1	
0	PENDING MEDICA MEDICA O AS A BU EALTH AN	Z		Community to Scann	OU. NOT KEEKIED ID THE I	raminal distast	OK COMMITTION GIVEN IN PA	KI I (g	
REG	HEAN BEN	ATI	190. DATE OF OPERATION	19b CONDI	TION FOR WHICH OF	PERATION W	AS PERFORMED?		20 AUTOPSY?
ITAI	SHOULD ORD "PE CHIEF A E USED / TOF HE/ URIAL, C	E							YES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	# \$ # C Z C	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	MONTH DAY YE	21c HC	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART	
NO	THE THE THE TO THE TOULE TO THE TOULE TO THE TANK TANK TANK TANK TANK TANK TANK TANK	3	UNDERLYING OR	OF DEATH P.M		AK			
VISI	CERTIFING 1 DEPAR DEPAR 1 PRIO	MEDICAL	214 INJURY OCCURRED	2 le PLACE (OF INJURY (AT HOME.		CATION	CITY OR TOWN	COUNTY STATE
ā	WARD WARD WARD WARD WARD	-	WHILE NOT WHILE AT WORK					CITOKIOWIN	COUNTY
	HER: THI CATE, WA FORWA OR: PAC HE STAI		220. I certify that I took chi	orge of the remains des	ented obove, held or	Autops	y . Inspectio	n . Inquiry . ond in	my opinion
			death resulted from: No	sturol couses .	Accident .	Suicide 🗌	Homicide .	Undetermined monner ,	
	EXAMI CERTIFI ULD BE DIRECT , WITH WARYL		ACTUAL	30 6			TITLE (SPECIFY)		
	A H A A H A A A A A A A A A A A A A A A		SIGNATURE	60	recele	M.	o Dapart	MEDICAL EXAMINER	DATE 72-14-86
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	EXAMINER'S NAME	= John.	1	-0 -	7	De Bet	lew obser
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PRINT)	00.10	100		ADDRESS 2	LE MECONO	and the
		23o. B	URIAL, CREMATION, REMOVA		23c. NAME OF C			23d. LOCATION CITY OR TOWN	COUNTY STATE
07/84 25M	BP	24. F	Buraal UNERAL DIRECTOR	19/Dec.8	86 Harmo	ony Me	em.Park		.Cty.,Md.
	DHMH - 17 (VR A15 ME (5))		Efnest Jarv	is Co., 152	132 U St.	,N.W		1986 Aug Maridan	Pados.





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TO HOSPITAL

BP.

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AN]. -0	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO).		
Ĭ	(TYPE	CEASED NAME FIRST		neli	nicoff	/	2 27	86	9 AM
1	3. SEX	Male	White	S. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS YRS	DAYS	FUNDER 24 HRS
7	Ne	w York	TO CITIZEN OF WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O	omery ·	111	1 67 MD.
/	Ta	koma lask	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET, Wash Adver	WORKING LIFE) IND	KIND OF I USTRY EW	BUSINESS OR			
5	13a. S	me 136 COUN			13d INSIDE CITY LIMITS? YES NO		PENVILLE I	Rd	20901
0	Š.	Max	Melnicoff		15. MOTHER'S MAIDEN NA FIRST Esther	WIDDIE	G	orbat	tokk
1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 16b. SOCIAL SECU WAR OR OATES) 134-12-8		Betty A. Mely	ADDRE Licokk Wife		s 13	
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	y one couse per live for (a), (b), (no.)) BY: E CAUSE (a)	fory	Failure	00-0	8	249	SET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	alic	bladder	Cancer	(6 y	10
	NOI	PARAZ. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	PEATH BUT	MOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN P	ART Have	emia
2	CERTIFICATION	19a DATE OF OPERATION	(VI)				201 VES, WERE IN CERTIFYING C YES		
9		270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER, NOTIFY MEDICAL EXAMINER)		AY YEAR	2) E HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR I	PART 2)	
-	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COL	UNTY	STATE
		220.1 certify that (this hospit sow the deceased alive on above (1) (we) did (did not	ol) ottended the deceased from 12 26 19	87. or	nd that in (Our) opinion	to 12 death occurred on the do	te ond hour ond fr	om the co	(we) lost uses stated
		226 SIGNATURE Sher	W .		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ /	2/27	186 186
1		Peter Shere	r mp		3947 Ferr	rara Dr. 1	Nheaton	n, v	nd.
	(BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Dt. Con	ly Mana	STATE
84			s J. Collinsones Jr.	i.	coln Cemetery	Brentwood TE REC'D. BY REGISTRAR	25b REGISTRAR'S S	IGNATUR	P. Jose
	50	10 University Bl	vd W. Silver	Spring	a Md	MN 5 1981	Julia Da	ALGONS.	· Karana

How is the state of the state o ASA Transfer The country fack that the territory and the control of the control mit most prompted in gade Chairle the 2010) Marie See 14 Earling Tours Tours [14-15-17-17 Retter A. Mathicold Mile Sonu na 13 King when The land have factor, the hydrotery Kidney whether, Hyper from a X X 12 95 Le/21 96 25 ct/2 After sheer in any from the substant of Sec. 1. 1916 Ft. Lincoln Saintees Standard St. Sec. Margineri All industries find. W. Strong String W. White the String W.

23c NAME OF CEMETERY OR CREMATORY

CREMATORY

VERMIE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S

23m BURIAL CREMATION, REMOVAL

CREMATION

24 FUNERAL DIRECTOR

DHIMH

H - 16 60M 7/84 (VRA 15, 4)

EPARTMENT OF HE	ALTH AND MENTA	L HYGIENE
CERTIFI	CATE OF DEATH	

4	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE					
1. DE	CEASED NAME FIRST		AIDDLE	Megi	uerdidjian	Dec.		1986		2b HOUR 11:55	
3. SE	x	4. RACE		5. DATE C		6 AGE (IN YEA	RS LAST BIRTHE		FUNDER I YEAR	IF UNDER 24 HRS	
	Female	White		Jan		8					
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
	Turkey	Turk	cey	WIDOWE		Montgomery County MD					
R	ockville	Shady	Grove A	dven.dven	tist Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS (HOUSEWALL) 170 HOME					
130		YINL	ISC. CITY OR TOWN	٧	-60-	13. STREET AL 1023	odress / z Brice	Rd.	2085	52	
14_F/	ATHER'S NAME FIRST Wanis	WIDDIE	(evorkia	n	Marie		MIDDLE	To	opalian		
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES O	RMED FORCES? GIVE WAR OR DATES)	212-94-		('stimath-law Elias Bede	v) 10 ewi Ro	023 ^{RE} I	Brice lle,	Road Md.	20852	
37/6	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	(d)	RAS A CONSEQUE	ites	sign , Seve	- fact	luic			1 3	
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDIT	TION GIVE	N IN PART 1	0	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP		N CERTIFY	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{VE} \) NO \(\text{NO} \)		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	CAIN	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATU	IRE OF INJURY I	AN ITEM 18 PAR	RT I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	NOT WHILE TO LAT HOME, STREET, FACTORY, OFFICE		ARM ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
	220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did it	n hin	7 19	96 , or	nd that in (my) (our) opinion (, to death occurred	on the date	and hour		that (II (we) los couses stated	
	22b. SIGNATURE	as.	Mb		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	.к 🗆	12 DATE	SIGNED 24/96	
	22d. PHYSICIAN'S LINE	J. T. O.	100		22e ADDRESS	1 tal	l. p.	+ 6	21/2	ie m	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signified by should be detached for use as the buriol-transit permit. Then premier may with the State Dept. of Health and Mental Hygiene prior to buriol, cerming

or offending physicion

IMPORTANT: If hem 21 is morked or hem 18 shows ony

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Entombment 12/27/86

1331 Rockville Pike Rockville, Md.

23¢ NAME OF CEMETERY OR CREMATORY

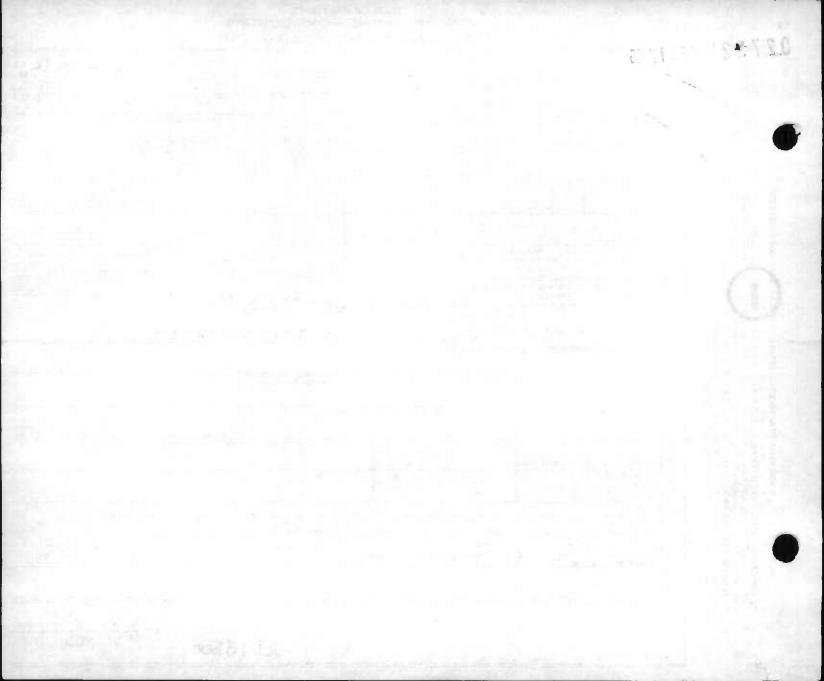
23d LOCATION Gate of Heaven Cem.

Silver Spring, Md.

Ing 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 2085 2 DEC 3 1 1986 Alia Deciden Rus

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ertificate be executed within 24 haurs ofter deal

tely filled in by the fig. 2 should be filed with

cutter ling physician and cample

hatten, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, or other troumatic event, the medical

DEC

STATE OF MARYLAND

	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL H	YGIENE					
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
	CENSED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
(110)	EVER		METKENY	DE-CE-MBG-	5/1986 12 AM				
3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	THUNDER LYEAR IF UNDER 24 HRS				
1	MALE	CAUCASIAN	DEC. 28, 1936	49 YRS	MONTHS DATS HOURS MIN.				
	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH				
	MARKLAND	U.S.A.	WIDOWED DIVORCED [MONIGON	LAY CO. MD.				
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	. 12a USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING	ME KIND OF BUSINESS OR				
W	HEATON	MNIVERSITICO	NYALESENT HOME	NEVER WORKEL					
130	STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BE INTY 136 CITY OR TO		13e STREET ADDRESS / ZIP COL	DE				
		TGOMERY TAKOMA	7 77	7620 MAPLE	AVE. 209/2				
14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN I	NAME	_ tast				
	ARLIE M	IASON META	ENY ELIZA	MARIE	FAZENBAKEN				
		RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS4/19	2 BUNKER HILL				
	NO -	- 2/2-79	4-2564 ELIZA 1	METHENY COTT	TAGE CITY, Md-20				
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b).		_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		ATE CAUSE (0)	diae arres	J	his				
		DUE TO, OR AS A ONST	QUENCE OF	-1					
	Conditions, if ony, which	(b) PW	monory arr	rest	m				
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSOLICION								
	underlying couse lost.	drow							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING		RMINAL DISEASE OR CONDITION G	IVEN IN PART 110				
CERTIFICATION	ravap	egra, Jev	ere Kyphosco	710515					
3	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?				
E					ES NO				
Ü	210. ACCIDENT WAS UNDERLYING		21t. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)				
¥.	OR CONTRIBUTING CAUSE OF DE	AID.	19						
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE				
E		(AT HOME STREET FACTORY OFFI	CE, FARM ETC) STREET	CHTORIOWN	CODIMI				
	AT WORK NOT WHILE				1				
	AT WORK AT WORK	pital) attended the deceased fro	m 6/23 19 8	6 10 12 -5	, 19 86 that Dwe) lost				
	22a certify that (I) (this hasp	12 1/		on death occurred on the date and ha					
	22a certify that (I) (this hasp		DEGREE						
	22a I certify that (I) (this hosp sow the deceased alive of above, (I) we) (did) (did no	12 1/	ond that i (my) our) opinion	MEDICAL STAFF	our and from the couses stated				
	22a I certify that (I) (this hosp sow the deceased alive of above, (I) we) (did) (did no	of Uprew the body after death OR PRINT)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 10 2	S & MEDICAL STAFF	our and from the couses stated				
	220 I certify that (I) (this hosp sow the deceased alive or obove. (I) we) (did) (did no 22b. SIGNATURE)	of View the body after death OR PRINT	DEGREE ATTENDING PHYSICIAN	S & MEDICAL STAFF	our and from the couses stated				
23œ E	220 I certify that (I) (this hosp sow the deceased alive or obove. (I) we) (did) (did no 22b. SIGNATURE)	or FORD M.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 10 2	MEDICAL STAFF DIRECTOR PHYSICIAN SO Prosperio	our and from the couses stated				
62	220. I certify that (I) (this hosp sow the deceosed align or obove, (I) we) (did) (did no 22b. SIGNATURY) 22d. PHYSICIAN'S NAME (TYPE JOHN L. BURIAL, CREMATION, REMOVAL (SPECIFY)	OF PRINTI L 23b. DATE 2 16 16 17 18 18 18 18 18 18 18 18 18	DEGREE MO ATTENDING PHYSICIAN 22e ADDRESS 10 2	MEDICAL STAFF DIRECTOR PHYSICIAN STO PYOSPONI Y 23d LOCATIN CEM.	The DATE SIGNED STATE STORE ST				
62	220 I certify that (I) (this hosp sow the deceased align or obove, (I) we) (did) (did no 22b. SIGNATURY) 22d. PHYSICIAN'S NAME (TYPE JOHN L.) BURIAL, CREMATION, REMOVAL (SPECIFY) UNERAL DIRECTOR	OR PRINTI L 23b. DATE 12 12 -11 - 1986	DEGREE DEGREE ATTENDING PHYSICIAN 22e ADDRESS 10 2 JULY 30 NAME OF CEMETERY OR CREMATOR	MEDICAL STAFF DIRECTOR PHYSICIAN SO PYOSPONI Y 23d LOCATION CEM.	The DATE SIGNED STATE STORE ST				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cre-

ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP_

retained by the haspital ar attending physician.

029579 JAN -8 870R

mpletely filled in by the funeral director. page 3 and 2 should be filed within 72 hours after death

ted within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 3

- 1	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO						
	L DECEASED NAM	E FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR				
_1	(TYPE OR PRINT)	GABRI	TT	RONALD	MT	CONT	DEGENERA	0.0	1004	3:21p				
BE 130. ST W.	3. SEX	OADKI	4 RACE	KONALD	5. DATE O		6. AGE (IN YEARS LAS	BIRTHDAY)	1986 IF UNDER I YEAR					
	Male		White		Octo	ber, 31, 1950	3	6 /00	MONTHS DAYS	HOURS MIN.				
Ā	BIRTHPLACE (COUNTRY)	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	В.	D NEVER MARRIED	9 BALTIMORE CIT	OR COUN	TY OF DEATH					
4	West Vi	ginia	USA		WIDOW		MONTGON	MERY C	OUNTY	м				
I	BETHESDA		(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET, HE CLINIC	ADDRESS)	NTTTD	120 USUALOCCUP (TYPE OF WORK FOR MO Division	ST OF WORKING	GLIFE) INDUSTRY	of Business Oi				
1	AL RESIDENC	(IF NURSING HOME	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE	ADMISSION)					Of the				
1	W. Virgin			Fairmont	Ν	13d. INSIDE CITY LIMITS?	13e.STREET ADDRES			3777				
1	FATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	51				
>	Louie		onald	Miconi		Mary	Catherine		Duncil					
2	YES, NO OR UNK		ARMED FORCES? GIVE WAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMANT		DRESS						
>	No			234-78-50	019	Mrs. Terri M	iconi (wif	e) S	ame as a					
	18 CAUSE C	F DEATH (Enter	only one couse pe	er line for (o), (b), one	d (ch)				BETWEEN	SIMATE INTERVAL ONSET AND DEATH				
-1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D) PROBABLE INTRACEREBRAL HEMORRHAGE. DUE TO, OR AS A CONSEQUENCE OF													
1														
1	Conditions,													
	gove rise	to immediate stating the)	PNEUMOCYS! Dr as a conseque										
-	underlying	couse lost.												
1	PART 2 OTI	IED SIGNIEICAN		HODGKIN'S		NOT RELATED TO THE TERM	AINIAI DISEASE OR CO	ONDITION	CIVEN IN DART 1					
- 1		BOCYTOP					MINAL DISEASE OR CO	DINDINION	GIVEN IN PART II	0.				
	4 190 DATE OF	OPERATION		NAL INSUF	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF	YES, WERE FINDI	NGS USED				
3	THROM						YES NO	IN CER	RTIFYING CAUSES					
3		WAS UNDERLYING		OF INJURY	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM	18 PART I OR PART 2)					
	(IF EITHER, N	TIFY MEDICAL EXAM	DEATH	.M.	19									
- [(IF EITHER, NO.	OCCURRED		OF INJURY	ARM FIC)	21f LOCATION	CITY O	RIOWN	COUNTY	STATE				
-	AT WORK	NOT WHILE		, , , , , , , , , , , , , , , , , , , ,										
	220 1 certify	that (X (this ha	spital) attended t	he deceased from_	MARCE	11 19 86	to DECEMI		19.86	that th (we) la				
-	sow the	deceased plive	on DECEMB	ER 22 19	86	nd that in (疫費) (our) opinion	death accurred on the	e date and h	hour and from the	couses stated				
-1	76. SIGNAT		TOTT VIEW THE BOOK	y oner deom.		DEGREE			22c. DATE	SIGNED				
- 1	Make	149	nome	11.0	7	ATTENDING	MEDICAL S DIRECTOR PHY	TAFF	12/3	12/1/				
1	22d_PHYSIC	AN'S NAME (TY	PE OR PRINT)	- Clas		22e ADDRESTATION				1 1 7 7				
1	Rok	EOT F	= FR	omm J	e Mi	ROCKVILLE P				20892				
1	23a BURIAL, CREM	ATION, REMOV				CEMETERY OR CREMATORY	23d LOCATION							
	Burial		12-26	5-86	innet	on Masonic Co	Shinn		West Vi	roinia				
1	24 FUNERAL DIRE	TOR Met	copolitar	Funeral	Home	25e DA	TE REC'D. BY REGISTR	AR 25b. REG	ISTRAR'S SIGNAT	TURE				
	55°I°7	Vine St	ceet A1	exandria,		oinia Ol	U3 1 1986	1/1:	Devider .	Pandallo				
- 1				uiiui Lu,	ATTE	511114	U I 1000	game	A Marriada	-				

BP. OHMH 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death on



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bely filled in by the funeral director, page 3 2 should be filed within 72 hours after death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG NO					T

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TO BE		CERTI	FICATE OF DEATH	PEG NO		
614		_ FIRST Florence	MIDDLE R.	LAST Miles	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TITE OKPAINI)	-lovence	e R. Ir	Mes	12/9/8	36 630
0	3 SEX	4 RACE	S DATE OF BIRTH MONTH DAY TEAR S DATE OF BIRTH MONTH DAY THAN DOC. 20, 1913 OF WHAT COUNTRY? 8. AGE (IN YEARS LAST BIRTHDAY) WDOWEDER WDOWEDER DOC WHAT COUNTRY OF BEATH MONTH DAY THAN DOC. 20, 1913 OF WHAT COUNTRY? 10. A. AGE (IN YEARS LAST BIRTHDAY) WDOWEDER WDOWEDER DOC WHAT COUNTRY OF BEATH WDOWEDER DOC HOSPITAL, NURSING HOME OR OTHER INSTITUTION ISSUCHTACURY, GRASSBEET ADDRESS. HOSPITAL HOSPITAL IS MISSING HOME OR OTHER INSTITUTION ISSUCHTACURY, GRASSBEET ADDRESS. HOSPITAL IS MISSING HOME OR OTHER INSTITUTION ISSUCHTACURY, GRASSBEET ADDRESS. HOSPITAL IS MOTHER'S MAJEEN NAME PROBLE IS MOTHER'S MAJEEN NAME ISSUE (HY CIMITS?) IS MOTHER'S MAJEEN NAME MATY FROM THE MODEL IS MOTHER'S MAJEEN NAME ISSUE (HY CIMITS?) IS MOTHER'S MAJEEN NAME ISSUE (HY CIMITS?) IS MOTHER'S MAJEEN NAME ISSUE (HO COUNTY ITER INSTITUTION IS MODEL IS MOTHER'S MAJEEN NAME MATY FROM THE MODEL ISSUE (HY COUNTY OF DEATH MATY FROM THE MODEL ISSUE (HY COUNTY OF DEATH IS MODEL ISSUE (HY COUNTY OF DEATH IN CERTIFICIAL BY COUNTY IN CERTIFICIAL ON AS A CONSEQUENCE OF ON AS A CONSEQUENCE OF ON AS A CONSEQUENCE OF MAY AM. MONTH DAY THE MODEL THE MODEL IS MODEL IN COUNTY STREET COUNTY (HY COUNTY OF DEATH IN CERTIFICIAL IN CERTIFICATION STREET CITY OF TOWN COUNTY STREET THE MODEL TO AND THE ADDRESS (MY COUNTY THE ADDRE			
		Whit	e Dec			
19	COUNTRY)		MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
8/		U.S.			11 OUTC	somery
20	bethesic	DO SUNOT IN SU	UCH FACILITY, GIVESTREET ADDRESS)	Hospital	(TYPE OF WORK FOR MOST OF WORKING	Own Home
35	Us STATE	RSING HOME OR OTHER INSTITUTION 136 COUNTY Montgomery	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO 11801 Rockvil	le Pike/20852
17		WIDDIE	LAST			TAST
1/	Frank		Reeb			Froman
gico/		R IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	1300 Eva G	ude Drive
1/	4.4		579-42-2304	Judith Bevi		
4	18 CAUSE OF DEA	TH (Enter anly ane cause pr	er line far (a), (b), and (c),)			APPROXIMATE INTERV BETWEEN ONSET AND D
1	PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (a)	110 trie. Oas	Filmulati	5	Δ
or othe	underlying cau	se last.	myo cand)	8 me.
where	NO.	SNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART Trail
2	190 DATE OF OPER	ATION 196. CONE	DITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
9	OR CONTRIBUTING	CAUSE OF DEATH HOUR A	A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART?)
g g	WHILE D NOT	WHILE (AT HOME 5		21f. LOCATION STREET	CITY OR TOWN	COUNTY STA
É		1) (this haspital) attended t	3 86 1	13 19 36		. 19 3 6, that (I) (we
53	abave, (I) (we)	ased alive an (did) did nat view the bad	y after death.	and that in (my) (aur) apinian	death accurred an the date and h	aur and from the causes state
# #6	D. G.	Goain	mO.	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12/9/86
/ PORTA		R. ROSING,	M.D.	220 ADDRESS 11125 Roc	KUILLE, MD 20	RE, SUITE 30
5/	(SPECIFY)				CITY OR TOWN	COUNTY STA
7/04	24 FUNERAL DIRECTOR	Joseph Gawle	r's Sons. Inc.	25a. DA1	E REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
//84	5130 Wiscon	sin Ave, NW. W	ashington, D.C.	20016	Eli 151986 Aulia	Dandon-Kondoss

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The law-relained by the haspital or attending physician.

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	1010	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
N ===	1. DE	CEASED NAME	EIRST.		MIDDLE	l	AST	20 DATE C		DAY YEAR	26 HOUR 2.0
10			Edna	ب	14.	m	iller		12	14 06	10 9.1
	3. SEX		1	4 RACE		5. DATE C	DAY YEAR	6 AGE IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	
4 95		remale		Cauca		Oct	. 31, 1892			rs.	
1 11 86	9	RTHPLACE (STATE O		-	WHAT COUNTRY?	MARRIE	D NEVER MARRIED		ORE CITY OR COL		
8 1140		LSCONSIN			States		DIVORCED [CCUPATION	7 County	OF BUSINESS OF
4 4 9/		ckville		(IF NOT IN SU	cheachity, give street	ADDRESS)		(TYPE OF WO	RK FOR MOST OF WORK	ING LIFE) INDUSTRY	1
11 /1	⊎sü,	AL RESIDENCE (IF NL	IRSING HOME OR C	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	Home	Restauranteur Restauran Restauran			
4 1 35	13a S	ryland	13b. COUN	gomery	13c. CITY OR TOW	/N	13d Inside City Limits?	7648	ADDRESS / ZIP (CODE 2085	Road
1 18/1		THER'S NAME	N	AIDDLE	LAST		15 MOTHER'S MAIDEN I	NAME	MIDDLE		AST
11100	-	Sottlieb			Hahm		Carolyn			Sch	iebe
p p p /	16a V	VAS DECEASED EVE		MED FORCES? WAR OR DATES	16b. SOCIAL SECU		17. INFORMANT		ADDRESS		
1 62 1/	1	10			577-48-	1684	Richard H	. Mill	er, sam		
at appearing the		18 CAUSE OF DEA	ATH (Enter and	y ane cause pe	er line far (a), (b), an	49 -	+1. 1.	4		BETWEEN	NONSET AND DEATH
	1			E CAUSE (a)	Cerebr	al	inomos	la		0	ears
100		e ha e		DUE TO, C	OR AS A CONSEQU	ENCE OF	· · · · · · · ·	11.	· ·	20	MARI
VIII.		Conditions, if ar	mmediate	(b)_	Cerus	N W	ceres in	Much	uncy	0	
by the	1	cause (a), sta underlying cau		DUE TO, C	OR AS A CONSEQU	ENCE OF	votre can	livas	relan d	mare 5	Sycars
igned en gled en gled en gled en gled	z	PART 2 OTHER SIG	GNIFICANT C	ONDITIONS C	ONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO THE TE	rminal disea	SE OR CONDITION	n given in part 1	.10
8 14 4 V	ATIO	190 DATE OF OPER	ATION	19b. CON[DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT		IF YES, WERE FIND	
21 21 2	CERTIFICATION							YES 🗌	NOM IN C	ERTIFYING CAUSE YES [S OF DEATH?
A Paris		210. ACCIDENT WAS L		110110 4	OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (ENTER N	ATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)	
200	MEDICAL	(IF EITHER, NOTIFY ME	DICAL EXAMINER)	F	P.M.	19					
A P P P	9	21d. INJURY OCCU			OF INJURY TREET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
10 10 10 10 10 10 10 10 10 10 10 10 10 1	-	AT WORK AT V	WHILE			Or. A			100		
S S S S S S S S S S S S S S S S S S S	1				he deceased fram_	518 6	nd that in (my) (our) opini	an death accur	ed on the date an	d have and from th	, that (I) (we) las
H d C C H	1	abave, (I) (we	(did) (did nat) view the bad	y after death.		DEGREE	an deam decon	ca on me agree on		E SIGNED
the hard	1	17	her	1	Comuse	ell		MEDICAL	STAFF		114/86
4 4 4 4 5 K 7	1	22d. PHYSICUN'S	NAME (TYPE OF		Cytynus		122- ADDRESS				1
Post of the post o		Stephe	n C	Crom	well, M	D	615 W. Mu	ntgome	My Ave,	KOCKVILL	e, Md.
51 5413		BURIAL, CREMATION		23b. DATE	Dec 15 23c	NAME OF (EMETERY OR CREMATOR	Y 23d LOC		COUNTY	STATE
BP	1	Cremati	on	100	i i Me	trop	olitan Cre	m. A	exandri	ia, Viro	ginia

FUNERAL DIRECTOROBERT A. Pumphrey Funeral Homes 250 DATE RECD. BY REGISTRAR'S SIGNATURE 300 West Montgomery Ave. Rockville, MD PA

DHMH - 16 50M 4/83 (VRA 15, 4)



028250

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.			
	CEASED NAME FIRST	HARD Lee	Hi	LLEN	20. DATE OF DEATH MON	2 19 ft	1 153 4	
1. SE	male	caucasia	0 -		6. AGE (IN YEARS LAST BIRTHDAY		YEAR IF UNDER 24 HRS PAYS HOURS MIN.	
Te	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	WIDOWE		9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery "			
In	KOWA Par	(IF NOT IN SUCH FACILITY, GIVE ST Washington	Adver	ntist Hosp.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUS	ND OF BOSINESS OF TRY Si cola	
13e. :	1 (1)	INTY INTO THE		13d. INSIDE CITY LIMITS? YES NO 🕒		code	St 20737	
U	ather's name nknown	MIDDLE LAST			nown	<i>J</i>	LAST	
1	was deceased ever in u.s. armed forces? 166 social security no. 17. Informant Tracy L. Miller 6705 Bivery yes (15. No or unknown) 62-65 499-46-8231 medical chart Riverdale							
	18. CAUSE OF DEATH lEnter only one couse per line for jos, (b), and ich PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUO MY OCHINAIN INFRARED ON					BETW	BETWEEN ONSET AND DEATH	
	Conditions, if ony, which gove rise to immediate Due TO, OR AS A CONSEQUENCE OF Conditions, if ony, which			try Diverse	Yean		lean	
-	cause (b), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.							
CERTIFICATION	190. Date of Operation 196 condition for which operation was perfor Acute hyocandial Infancia				200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19						† 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	HCE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNT	Y STATE	
	220. I certify that (I) (this haspital) an edged the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19							
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (IMPEORENIT) 224 ADDRESS						2/19/86	
	RICHIOND A. AL	WINELLI, MD.			Es Dupital Che	unly, hel		
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12/23/86	George I	EMETERY OR CREMATORY Vashington	Adelphi Pr			
Doi	nald W. Borgwar	dt 4400 Powder, Beltsville	Mill Ro Md 2070	DE DE	C 2 4 1986 AR 256	REGISTRADISAIG	NATURE CONTRACTOR	

DHMH - 16 60M 7/B4 (VRA 15, 4)



JEL 24 SA SAS JEG

DHMH - 16 60M 7/84

(VRA 15: 4)

ADDRESSChevy Chase, MD David A. Katcher 5608 Warwick Pl. 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22c DATE SIGNED 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 12/18/86 Parklawn Cem. Rockville, MD 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016 Julia Divideon Pandale

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

126. KIND OF BUSINESS

Mitchell

IF UNDER I YEAR

127113 1101 Medical Schoolsen Co. N. Lingin Chesy Chase, HD.

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filled in by the funeral director, p ould be filed within 72 hours after

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If Item

the burial-transit and Mental Hygie

this certificate has been

O FUNERAL DIRECTOR:

should be detached with the State Dept. MPORTANT:

hospital

BP.

CERTIFICATION

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEAT	TH
4 A E Y	14.0

STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TYPE OR PRINT) Margo	aret.	Montgomery	12/26/	86 750 PM
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
F	Black	MONTH DAY YEAR 5/08/9/	95 YRS	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9. BALTIMORE CITY OR COUN	TY OF DEATH
COUNTRY) Mode	U.S. A	WIDOWED DIVORCED	Takoma P	Park/ Nort MD.
CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
Takama Park, ma		Advents+	Retired.	U.S. Govt-
SUAL RESIDENCE (IF NURSING HOM				
BO. STATE	DUNTY 13c. CITY OR TO	. /	136 STREET ADDRESS / ZIP CO	DE 1 Jane
nary and	My Adela	NO I	8609 Kiggs K	10ad 10783

1	FATHER'S NAME		1	15. MOTHER'S MAIDEN NAME	- 00	
	FIRST ,	MIDDLE	LAST	FIRST	MIDDLE	LAST
	David		Johnson	Lydia		Brown
1			166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	Moohi, MD 207
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	5-77-10-5	22011 1 1 1 1	1 5	-20 0

PART I. DEATH WAS CAUSED IMMEDIAT	BBY: ECAUSE (a) Pheunina	
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Nighter mellitus

ı	Decuca	nan	state of other	of the man	11 wer.	AT - an				
I	190 DATE OF OPERATION		196. CONDITION FO	R WHICH OPERATION	WAS PERFORMED		20a AUTO		20b. IF YES, WERE IN CERTIFYING CA	
ĺ			f and an				YES 🗌	NO	YES 🗌	NO 🗌

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STATE CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC } STREET NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an / 2/26
above, (Higher) (did) (did nat) view the body after death. and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

120. SIGNATURE)	DEGREE	TIL DATE SIGNED
Contonio D.	lly mo.	ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL PHYSICIAN	12/27/86
22d PHYSICIAN'S NAME (TYPE OR PRINT)	. //	22e ADDRESS	

ANTONIO Gi

23b. DATE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

23c NAME OF CEMETERY OR CREMATORY Memaria

831 Univ. Blod. E. Silver Spring he

24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/B4

(VRA 15, 4)

	FOR
1	G 7STATE REGISTRAR
1	UREGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	-
8	9

									REG. NO.				
		CEASED NAME	FIRST		IDDLE	·	AST		26. DATE OF DEATH MO	ONTH DAY	YEAR	2b HOUR	7
- 1		G	eorge	2	James Mo	orehe	ead		12/29/86			6:22	AM
	3. SEX			4 RACE		5. DATE C		EAR	6 AGE (IN YEARS LAST BIRTHD	MONTE	DER I YEAR	IF UNDER 24	HRS.
2		Male		Caucas	sion	12/	16/09	EAK	77	YRS	DATS	HOURS	WIN.
,4	70 BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	r\$VI		9 BALTIMORE CITY OR		DEATH		
5	C	Maryland		U.S.	Α.		NEVER MARRI		Montgome	277			
4		ITY OR TOWN OF DEA	TH		_	WIDOWE	D DIVORC		12a USUAL OCCUPATION		L KIND O	F BUSINESS	MD.
М	10 C1	Betheso			FACILITY, GIVE STREET	DDRESS)			RetireddCiv			L BOSINESS	, OK
1							ıburban Ho	sp.	Teorif cad Oiv	1 1115	1001		
	USUA 130 S	AL RESIDENCE (# NURSI	13b. COUP		THE RESIDENCE BEFORE		134 INSIDE CITY LIA	AAITS2	13e STREET ADDRESS / Z	IP CODE			
W)		Jaryland		tgomery	Bethesda		YES NO		5915 Ipswid		208	14	
R)	14. FA	ATHER'S NAME		8		-	15. MOTHER'S MAI			JII HOAC	200	14	
V		James	TI	WIDDLE	TATO O TO DO	a d	FIRST		WIDDLE		LAS		
72				nomas	Moorhe			mma	Blancl	ne	_Cla	Y	
2		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	CI	Moorehead(wi	fol gom		1 20	
3	110	No	25		214 14 8	819	Katili y ii	. C. 1	woorenead(wr	ie) saii	le as	136	
Ñ		IA CAUSE OF DEATH	H (Enter or	ly one couse per	ine for (a), (b), and	(c)					APPROXI	MATE INTERVA	ATH
\aleph		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ARREST ARREST										KIL	
V			IMMEDIA	E CAUSE (a)	C/ 1/ 1/2		7.0						
0		Conditions, if any, which () ALUTE MYD CARDIAL INFARET 2 ARS											
4	1	gave rise to immediate											
V		cause (a), stating the Source TO OR AS A CONSEQUENCE OF											
Y		underlying cause last. (c) ARTERIOSCLEROTIC HEART DISEASE 10 YRS											
3	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
K	o N												
7	A.	90 DATE OF OPERAT	ION	196 CONDIT	ION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
∢Ι	CERTIFICATION								YES NO YES NO NO				
-	ER	21g. ACCIDENT WAS UND	DERLYING [216. TIME OF	INJURY 21¢ HOW INJURY OCCURE				RED (ENTER NATURE OF INJURY I		OR PART 2)		_
12	10000	OR CONTRIBUTING		1111	A. MONTH DA								
	D.	(IF EITHER NOTIFY MEDIC											
	MEDICAL	21d INJURY OCCURR		21e PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATION		CITY OR TOWN		YINUO	STAT	TE
	-	AT WORK AT WOR	RK L			The same of the sa							
		22a I certify that (1)	(this haspi	tal) attended the	deceased fram	JAI	ULARCY 19	75	10 DECEMPS	CR 29 19_	96	that (I) (we	* last
		saw the decease	d alive an	1) view the bady	19	/ / ar	nd that in (my) (our)	apinian d	death accurred an the date	and haur and	fram the	auses state	d
. 1		276 SIGNATUR	He) (OIO AC	Ti view the bady o	affer death.		DEGREE				22¢ DATE	SIGNED	_
		vha	- 5	26		15) ATTEN	DING	MEDICAL STAFF		12/=	9/4	-
Н		22d PHYSICIAN'S NA	AAE	C KA	9		22e ADDRESS	ICIAN E	DIRECTOR PHYSICIA	NU	7/ 0	1100	
П		THOMA			1.000	4.0		UISC	FONSIN AVE	BET	1150	11 11	0
-		1								,,,,		1	1
	230 B	BURIAL, CREMATION,	REMOVAL	12/31 /			EMETERY OR CREM.		23d LOCATION	1	W/T	-loudial	r E
		Burial					awn Memo	riai .		kville,			
	24 FU	UNERAL DIRECTOR T	yson	Wheeler	Funeral :	Home	. Inc.	250 DATI	E RECED. BY REGISTRAR 25		-	ed I	
	1:	UNERAL DIRECTOR T	lle Pi	ke, Rockv	ille, Mar	yland	20852	UA	114 0 1901	7	a and he a	Kindau	-

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

NAME 5130 WI Ave. NW Wash., NDC 20016

- 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEASED NAME								REG. NO.			
(TYPE OR PRINT)	FIRST		MIDDLE	L	AST .		2a. DATE OF DE	ATH MO	NTH	DAY YEAR	2b HOUR
(TITE OR PRINT)	Elise		L.	More	es			Dec.	4.	1986	7:30Am
3 SEX		4 RACE		5. DATE C	F BIRTH		6 AGE (IN YEAR	S LAST BIRTHDA		IF UNDER 1 YEAR	
Femal	.e	White	e	July	24,19	05	81		YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STA		76. CITIZEN OF	WHAT COUNTRY?	8.			9. BALTIMORE	CITY OR C		OF DEATH	
France		U.S.	Δ		NEVER MAI	(Mont	gomer	У		
O. CITY OR TOWN O	F DF ATH		HOSPITAL, NURSIN	WIDOWE			12a USUAL OC	CUPATION		12h KIND (OF BUSINESS OR
Bethesda		(IF NOT IN SUC	estbard A	ADDRESS)			House	R MOST OF WE		E) INDUSTRY	
USUAL RESIDENCE II 30 STATE Maryland	13b COUN		13t. CITY OR TOW Bethesd	N I	134 INSIDE CITY	LIMITS?	13e STREET ADI				0816
4. FATHER'S NAME FIRST Louis		WIDDLE	Nutte		15 MOTHER'S M		\E	AIDDLE			st
60 WAS DECEASED			166 SOCIAL SECU	IRITY NO.	17 INFORMANT			ADDRESS			
(YES, NO OR UNKNOW	(N) IF YES, GIV	/E WAR OR DATES)	579-01-7	004 B	Jean M	ores (Husband	i) sa	me a	as # 13	3
III CAUSE OF	DEATH (Enter on	ly one couse per	r line for (a), (b), an	dicit						APPRO.	XIMATE INTERVAL I ONSET AND DEATH
underlying	stating the couse last.	DUE TO, O	DR AS A CONSEQUE	ENCE OF							
underlying PART 2. OTHER	couse lost.	(c)	ONTRIBUTING TO S	DEATH BUT			20a AUTOPS	Y? 20	Db. IF YES	S, WERE FIND	INGS USED S OF DEATH?
underlying PART 2. OTHER	couse lost. R SIGNIFICANT ((c)CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	n was perform	NED	YES N	Y? 20	Db. IF YES N CERTIF YE	S, WERE FIND FYING CAUSE S	INGS USED
PART 2. OTHER 190 DATE OF O 21e. ACCIDENT W	COUSE IDS1. R SIGNIFICANT (PERATION AS UNDERLYING G CAUSE OF DEA	CONDITIONS C. 19b. COND 21b. TIME C HOUR A	ONTRIBUTING TO LOCATION FOR WHICH	OPERATION		NED	YES N	Y? 20	Db. IF YES N CERTIF YE	S, WERE FIND FYING CAUSE S	INGS USED S OF DEATH?
PART 2. OTHER PART 2. OTHER 190 DATE OF O	ESIGNIFICANT (PERATION AS UNDERLYING G CAUSE OF DEAY Y MEDICAL EXAMINES	CONDITIONS C. 19b. COND 19b. TIME C HOUR A	ONTRIBUTING TO L	DEATH BUT	N WAS PERFORM	NED	200 AUTOPS YES NEED \{\text{ENTER NATURE}}	E OF INJURY IN	Db. IF YES N CERTIF YE	S, WERE FIND EYING CAUSE S PART I OR PART 2)	INGS USED S OF DEATH? NO
PART 2. OTHER PART 2. OTHER 190 DATE OF O 210. ACCIDENT W OR CONTRIBUTION O	PERATION as underlying C CAUSE OF DEA T MEDICAL EXAMINES CURRED	I9b. CONDITIONS C. I9b. COND ATH HOUR A P. 21e. PLACE	ONTRIBUTING TO J DITION FOR WHICH DF INJURY .M. MONTH D.	OPERATION AY YEAR 19	N WAS PERFORM	NED	200 AUTOPS YES NEED \{\text{ENTER NATURE}}	Y? 20	Db. IF YES N CERTIF YE	S, WERE FIND FYING CAUSE S	INGS USED S OF DEATH?
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Underlying PART 2. OTHER 190 DATE OF O 210. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTE AT WORK 220.1 certify th sow the di obove, (1) (PERATION AS UNDERLYING G CAUSE OF DEA Y MEDICAL EXAMINER CURRED NOT WHITE AT WORK TO (1) (this hospin we) (did) (did not yell) (did not yell)	I9b. CONDITIONS C. I9b. CONDITIONS C. I9b. TIME C. HOUR A. P. 21e. PLACE IAT HOME. ST. Itol) ottended the NOV. 20	ONTRIBUTING TO DITION FOR WHICH OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE F	OPERATION AY YEAR 19 PARM, ETC.)	211 LOCATION STREET	RY OCCURRE	20a AUTOPS YES NED (ENTER NATUR	YY? 21	Ob. IF YES	S, WERE FIND EYING CAUSE S COUNTY	INGS USED S OF DEATH? NO STATE , that (I) (we) lose couses stated
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Underlying PART 2. OTHER PART 2. OTHER 190. DATE OF O 210. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTE AT WORK 220. 1 certify the sow the di obove. (I) (22b. SIGNATUS 22d. PHYSICIAN ROBERT 230. BURIAL, CREMAI I SPECIFY) Crema	PERATION AS UNDERLYING G CAUSE OF DEA Y MEDICAL EXAMINES CURRED NOT WHITE AT WORK AS NAME (TYPE OF THE COMMENT) AS NAME (TYPE OF THE COMMENT) TON, REMOVAL LETION	I9b. CONDITIONS C. I9b. CONDITIONS C. I9b. TIME C. HOUR A. P. 21e. PLACE [AT HOME. ST. WOV. 20 DI) view the body OR PRINT] MD 23b. DATE	ONTRIBUTING TO I	OPERATION AY YEAR 19 PARM, ETC.) NAME OF C	211 LOCATION STREET ad that in (my) (at DEGREE 72e ADDRESS 8218 W EMETERY OR CRE	19 84 Ur) opinion d ENDING YSICIAN ISC. AV MATORY emator	20a AUTOPS YES NED (ENTERNATUR CO To December occurred of the process of the pr	IT OF INJURY IN ITY OR TOWN STAFF PHYSICIAN 1 PS da 1 ON THE date STAFF PHYSICIAN 1 PS da 1 PS d	ond hou	county 22c. DATI Dec. COUNTY 19 COUNTY 27c. DATI COUNTY Virgini	STATE that (I) (we) lost e couses stated E SIGNED 4,1986
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DHMH - 16 50M 4/83 (VRA 15, 4)

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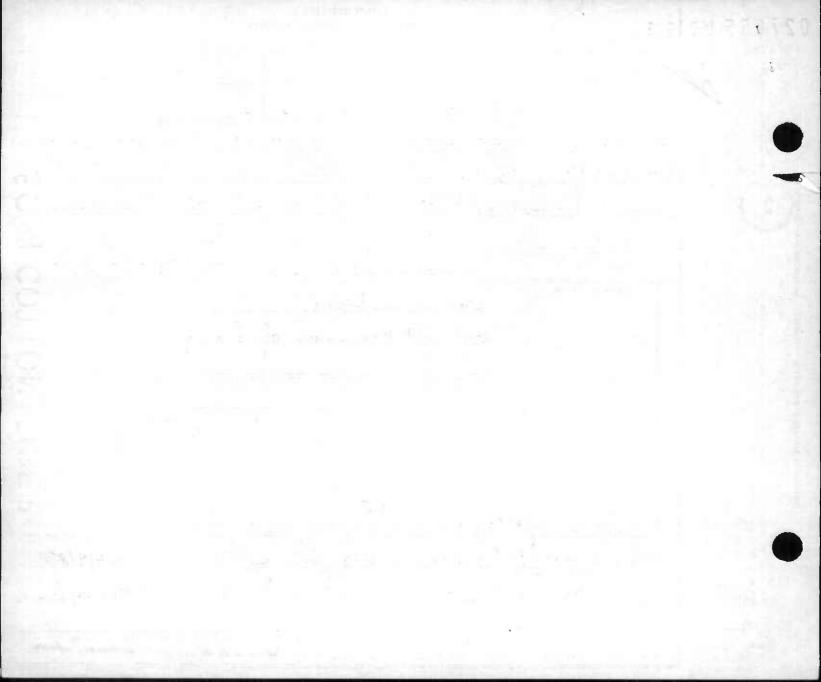
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
	CEASED NAME	FIRST	A	AIDDLE	L	AS1	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1 TYPE	OR PRINT) Par	tric	ia r	γ .	(morris		12 9	186	1.05 AM	
3. SE>			4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	
	emale		Caucas		Apri		50	YRS.		HOURS MIN.	
7a. BII	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY C	_			
	shington			States	WIDOWE	D DIVORCED	worte	Jomes	ner y County MD.		
			HEACILITY, GIVESTREET A	DDDECCI	or other institution ospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Head Cash			Store tment		
13a. S	AL RESIDENCE (IF NURSI TATE ryland	13b COUN	other institution. TY CGOMETS	GIVE RESIDENCE BEFORE Spring	admission) N	13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 4404 Grid				
14. FA	THER'S NAME		WIDDLE	IAST		15. MOTHER'S MAIDEN NA	ME				
	Lonnie	,	B.	Reese		Helen	Louise	3	Wise	r	
	VAS DECEASED EVER VES, NO OR UNKNOWN)		WED FORCES? E WAR OR DATES)	214-32-		IT INFORMANT Linda D. Wo	3506 ood Monro	Marigo Via, l	old D MD 21	rive 770	
	18 CAUSE OF DEATH	H (Enter onl	y one cause per	line for (a), (b), and	(c).)	0			APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH	
			E CAUSE (o)(ar an	mo	Hosei					
			DUE TO, OF	AS A CONSEQUE	NCE OF		n 0				
	Conditions, if ony, which (b) Oak Cell Carcuma of Jung										
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying couse	lost.	(c)						l		
z	PART 2. OTHER SIGN	HEICANT C	ONDITIONS CC	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	1 16	
CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO[X	20b. IF YES, V IN CERTIFY IN	VERE FINDIN		
CER	21a. ACCIDENT WAS UND	_	1100100 4 1		V V5.45	21c HOW INJURY OCCUR		RY IN ITEM 18 PART	I OR PART 2)		
	OR CONTRIBUTING C				Y YEAR						
MEDICAL	21d INJURY OCCURR		21e. PLACE (OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE	
ž	WHILE NOT WH	ILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	IRM, ETC)	STREET	CIITORIO	8014	COUNT	31816	
	22a I certify that (1)	(this hospit	ol) ottended the	deceosed from_	1983	, 19	Dec.	9, 19	86 ,	hot (I) (we) lost	
	sow the deceose obove, (I) (we) (d	ed olive on	view the body	ofter death.	, or	nd that in (my) (our) apinion	death occurred on the d	ote and hour o	nd from the c	ouses stated	
	226 SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	0		DEGREE			22c DATE S	SIGNED	
	derer	ny	WC &	-ole	L	ATTENDING PHYSICIAN	MEDICAL STA		12/9	186	
1	22d. PHYSICIAN'S NA	ME (TYPE OF	R PRINT)			22e. ADDRESS	-1			10 9	
	Jerer	24	V- 6	50/40		10400 C	onn. Ac	e. No	using	20 her	
23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	ec. 23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	_/		t -	
C:	remation		9, 19			olitan Crem	n. Alexar	dria.	Vira	inia	
	INERAL DIRECTOR RO	bert	A.Pun	phrey F	uner	al Home 850 DAT	E.REC'D. BY REGISTRAR	25b REGISTRA	RISIGNALL	JRE	
75	57°Wiscon	nsin	Ave.Be	thesda,	MD 2	0814 PA	LU 1 2 1986	Julia of	de la constante		

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL DIRECTO



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

S & STATE REGISTRAR CEASED NAME FIRST 2n DATE OF DEATH 7h HOUR TYPE OR PRINTS Martha November 29. Mower 1986 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR SEX DAYS HOURS MONTH Female August 31. Caucasian 1921 9 BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery Washington, D.C. WIDOWED DIVORCED 12b. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13718 Old Columbia Pike Silver Spring Homemaker USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Silver Spring Maruland Montgomery 13718 Old Columbia Pike YES [15. MOTHER'S MAIDEN NAME A FATHER'S NAME FIRST Samuel Orrison Knott Martha Rebecca 17. INFORMANT 16b. SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES, GIVE WAR OR DATES! YES, NO OR UNKNOWN) 577-18-5401 Eugene G. Mower. Ir. Husband Same as 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c CARDIOPULMONARY PART I. DEATH WAS CAUSED BY: ARREST IMMEDIATE CAUSE (a. A CZHEMERS YR5 DISTASE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER MEDIC 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY CTATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) HILE NOT WHILE 86 70 22a.1 certify that (1) (this haspital) attended the deceased fram_ and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated mbowe, It five id de (did not view the bady after death DEGREE STAFF DIRECTOR PHYSICIAN PHYSICIAN D 22e ADDRESS MARK PAIRKHURST M.D. BALT. AVE COLLEGE PARK MS 23a. BURIAL, CREMATION, REMOVAL Burial Parklawn Cometery Rockville Montgomery Maryland 25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Francis J. Collins In. Julia Divideon Pandall University Blvd. W. Silver Spring

DHMH - 16 60M 7/B4

(VRA 15, 4)

Mostria D. November 19, 1916 10:50 ft Tarate family design of the start of instance of the second Street System 13718 Chi Columbia Pica Itamemates

interior for Contrarence Sieven Spring 13 15715 old Columbia Ribe 20906 Samuel Nation (without ten) telia Tellage Nect

77-11 -5-01 [Event C. Lawn, Tr. - 48 cm | Sand at 13

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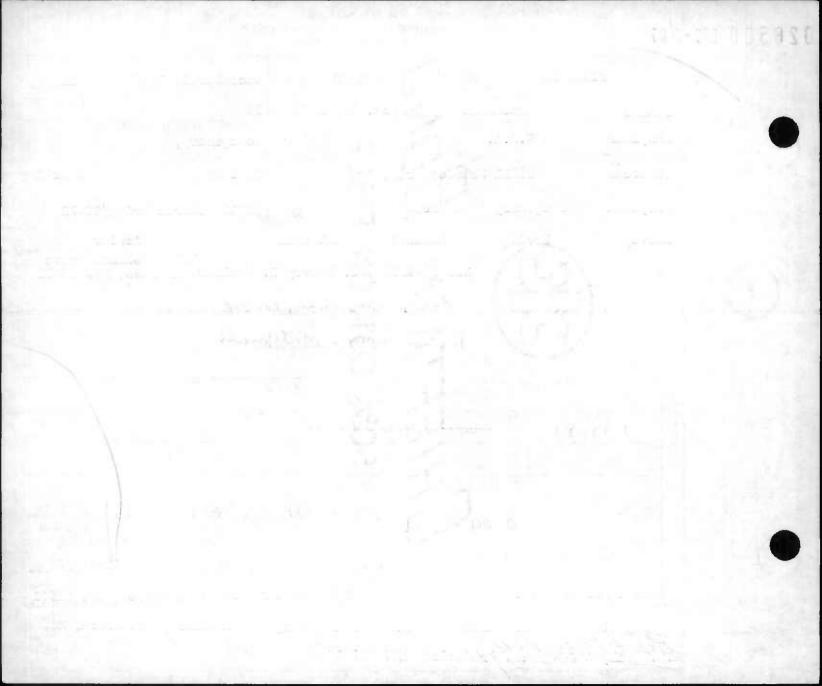
Pec. 2 15 a Parking Convictor Declarity Collaine Constant FOR Indvarsa in Fluer, F. Silver Syring, Mr.

STATE OF MARYLAND

508 DEC-	98	FOR TATE REGISTRAR			DEP	ARTMENT OF H	EALTH AN	D MENTAL HYG	SIENE REG.	NO.	2	2
		EASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
1 75 /3	11TPE	OR PRINT)	FANIE		ANN	MU	ELLER		December			11:30рм
ge 4 mo	1, 5E3			4 RACE		S. DATE O		AE VB	6 AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	F	emale		Caucas	ian	Oct	. 19,	1952	34	YRS		
35	Maryland (State Or Foreign			U.S.A.	WHAT COUN	MARRIE WIDOWE		R MARRIED X	Montgomery,			
or filed a	_	TY OR TOWN OF DEA	ХТН	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 26311 Johnson Drive					12a USUAL OCCUPA Type of Work for MOS Teacher		DIDLICTOV	F BUSINESS OR Teaching
	13a S Ma	AL RESIDENCE (# NURS TATE aryland	13b COUN		13c. CITY OR Dama	NWOT	YES 🗌	E CITY LIMITS?	13e.STREET ADDRES 26311 Joh		ive/20	872
57	h	THER'S NAME	I	widdle rving	M	ueller		atharen	ME MIDDLE	Ri	chter	ī
medical	16a V	VAS DECEASED EVER (ES., NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)		SECURITY NO. 58-7071	17 INFOR		. Mueller	6311 Jo	hnson	Drive 20872
d by the offendings case remove carbon of cremation, or ren crather troumatic ev		Conditions, if any, gave rise to important cause (a), stotic underlying cause	, which mediate ng the	(b)_		SEQUENCE OF	mer.	mali	Suant			
entificate has been significated by the plant of the plan	CAL CERTIFICATION	PART 2 OTHER SIGNATION OF CONTRIBUTING CONTR	TION - 8 1 DERLYING CAUSE OF DEA	19b. COND	ITION FOR W	O DEATH BUT	N WAS PER	FORMED	200 AUTOPSY? YES NOTER NATURE OF IT	20b IF YES, IN CERTIFYI YES	WERE FINDII ING CAUSES	
n the but and Market or I	MEDICAL	21d. INJURY OCCUR			OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC.)	211. LOCA 510	ATION REET	CITY OF	TOWN	COUNTY	STATE
UNESAL URECTOR: Att		22a. I certify that (I) we the decease above, (I) (we) (i) 22b. SIGNATUBE 22d. PHYSICIAN'S N.	(this hospined alive an did) (did na	t view the body	affer death.	Q=	D. 22e ADD	ATTENDING PHYSICIAN X	. to	TAFF SICIAN [12-3	SIGNED -1986
MPORT		Swami Nat		A Transport					th Street	Frederic	ck, Md	. 21701
2.5		SURIAL, CREMATION,				23c NAME OF C			23d. LOCATION		COUNTY	- NEWATE
		Cremation	~	112-3-1	1986	Restha	ven Cı	cematory	Freder	ick, Fre	ederic	K, Ma.

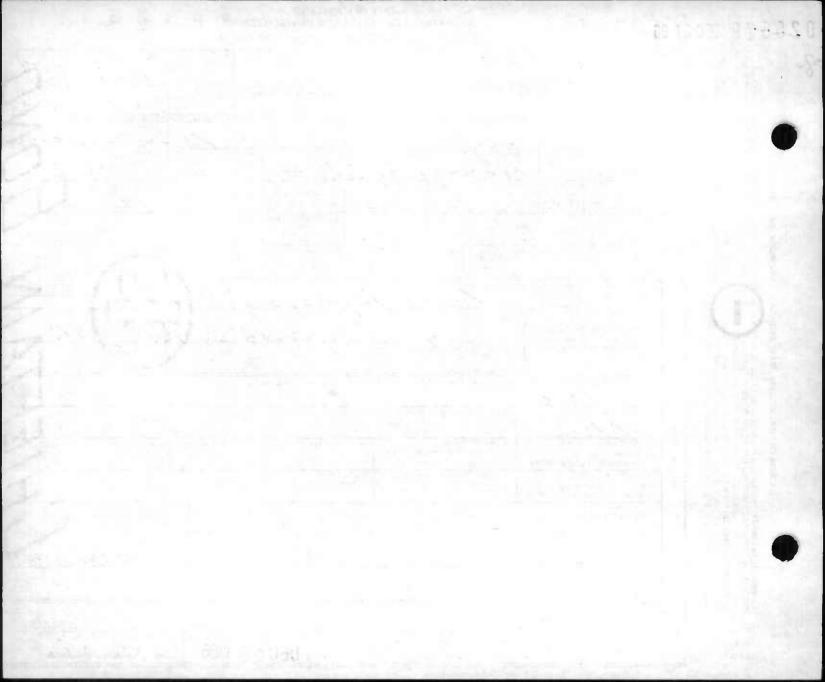
DHMH - 16 60M 7/84 (VRA 15, 4)

1201 Napre Market Street DEC 8 TERESTRAR 256 REGISTRAR'S SIGNATURE

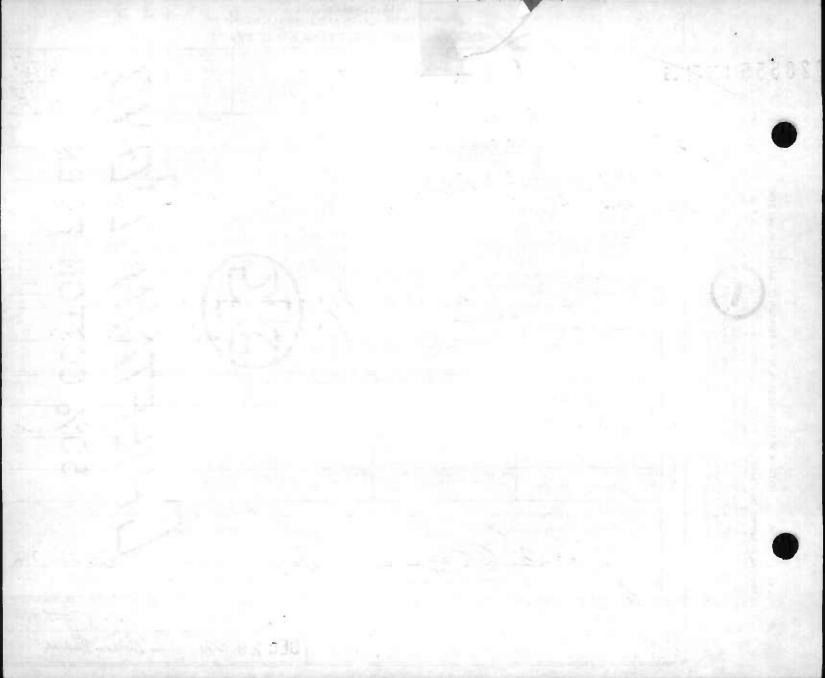


SE 4 SHOULD BE FOR FUNERAL DIRECTOR: TR DEATH, WITH THE S (VR A15 ME (5))

death resulted from: Natural couses Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER John S. Rogers, M.D. 1919 Seminary Rd., Silver Spring, Md. EXAMINER'S NAME TYPE OF PRINT ADDRESS 230 BURIAL, CREMATION REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATOR Dec. 23, 1986 Washington Memorial Park Richmond Henrico Virginia Francis J. Collins. Jr. DEC 29 1986 500 University Blud. West, Silver Spring, Md.



STATE OF MARYLAND



MPORTANT: If Item 21 is morked or Item

DHMH - 16 60M 7/B4

(VRA 15, 4)

2833

DEC 29

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE REG. N	0.	D O	/ 3
	CEASED NAME E OR PRINT)	FIRST		VIDDLE		AST	20 DATE OF DEATH	MONTHI DA	AY YEAR	2h HOUR a.
	- ON TRIVITY	Mary]	Ellen	Ni	col	Dec. 17	, 1986		7:30 M
	Female		White		S. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Wash. D.C. 7b. CITIZEN OF WHAT COUNTRY? U.S.A						D NEVER MARRIED D	9 BALTIMORE CITY C Montgon)F DEATH	MD.
	ockville	ATH	11. NAME OF P	HOSPITAL, NURSIN HEACILITY, GIVE STREET Hadstone	G HOME C ADDRESS) Drive	DR OTHER INSTITUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST C Ret.			Gov't.
130. S	al residence in hur state Maryland	13P COAL	tgomery	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Rockvil	N	13d. INSIDE CITY LIMITS? YES [X] NO [13e STREET ADDRESS 1205 Gla		Drive	20851
14. F/	William	C	hristoph	er LAST DO	wden	15. MOTHER'S MAIDEN NA Ella	nmn		Darce	y
	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	I IF YES GIV	MED FORCES? VE WAR OR DATES) VI	577-20-3		Penny Ruth	Wallace(daug		same	as 13e
	18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE	ED BY: TE CAUSE (a)	line for (o), (b), one	pia	Lory Fa	1/air		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
	Conditions, if ony gove rise to im couse (o), stoti underlying couse	mediate ng the e lost.	(b) DUE TO, OF	R AS A CONSEQUE	NCE OF	IG Can	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(a	wes
ATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPER						20a AUTOPSY?		WERE FINDIN	
MEDICAL CERTIFICATION				= 411 = 1000			YES NOK	IN CERTIFYI	ING CAUSES	
	21a, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d, INJURY OCCURRED 71e, PLACE			M. MONTH DA	Y YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT 1 OR PART 2)	
ME	WHILE NOT WHILE STREET, FACTORY, OFFICE FA			ARM, ETC.)	STREET)WN	COUNTY	STATE		
	220.1 certify that (I sow the decease above, (I) (we) (ed alive on		15 193	16 .01	2/8 19 80 and that in (my) (our) opinion	death occurred on the d	ote and hour o		that (I) (we) fast couses stated
	226 SIGNATURE	Un	M			DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN (SK)	22c. DATE !	SIGNED
	Frederic	k Pea	rson Sm.	ith		22e. ADDRESS 5401 Western			D.C. 2	20015

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 12/19/86

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Arlington National Cometery Arlington, Virginia

24 FUNERAL DIRECTORYSON Wheeler Funeral Home, Inc.

registrar 256 registrar's signature

5401 Western Ave. N.W. Wash.D.C. 20015

Pike Rockville, Maryland20852 1331 Rockvill

Ico more was

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

No

5 DATE MON

FICATE OF DEATH	REG. NO.						
LAST	20. DATE OF DEATH MONTH	20. DATE OF DEATH MONTH DAY YEAR					
onan	Dec. 16	,1986	5:45A				
OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS				
17 1916	7.0	MONIHS DAYS	HOURS MIN				

Montgomery

(TYPE OF WORK FOR MOST OF WORKING LIFE)

BALTIMORE CITY OR COUNTY OF DEATH

County

INDUSTRY

126 KIND OF BUSINESS OR

Caucasian May TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia United States | WIDOWED

M.

Gaithersburg 721 Greenside Terrace

CPA Accounting 20879 13e.STREET ADDRESS / ZIP CODE Montgomery Gaithersburg YES X 19721 Greenside Terrace

14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Noonan Daisy Carper 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS 224-10-9890 Janice L. Noonan, same as

1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT		Complex	anlykuna	s . sc	0	BETWEEN O	MATE INTERVAL ONSET AND DEATH
	Canditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF	Carlyonely	Evdus	uplent	Sunce	1979
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUENCE OF	310				

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lie

NOX NO T 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) TE PLACE OF INJURY 21f LOCATION

AT HOME STREET, FACTORY OFFICE FARM ETC) NOT WHILE

2116 22a. I certify that (1) (this hospital) attended the deceased fram and that in (my) (aur) apinian death accurred on the date and have and from the causes stated DEGREE

ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME : 1144 GEPRINT 22e ADDRESS

AS 180mon 230. BURIAL, CREMATION, REMOVAL 236. DATE Dec.

23c. NAME OF CEMETERY OR CREMATORY

STATE

Cremation

FOR - STATE REGISTRAR DECEASED NAME

Male

Maryland

Vincent

4 RACE

18, 1986 Metropolitan Crem.

COUNTY

Alexandria 300 West Montgomery Ave. Rockville, MD PA

DHMH - 16 60M 7-114 (VRA 15, 4)

新華



500 University Blvd. W. Silver Spring. Md.

(VRA 15, 4)

STATE OF MARYLAND

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The same of the destroy of the same safe Red Ling ton, 76 | X | 7727 Etchit Street, W. W. 20012

Charicsic Marty ". Easter-Smith

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and the state of

The fact of interest of interest of interest in the interest i

300 University Work. D. Willer String, id.

5 129308 JAN	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE RÉG. NO.	5 8 / 6
	1. DECEMSED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
2 20 10	ROSALI	IND	NOVINSKY	December 28, 1986	10 PM
1 1	1 SEX	4 RACE	S. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
8 9 2	Female	White	August 12, 1920	66 YRS.	JAIN JOHN JAIN
S 35 AC	76. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
1601	New York	U.S.A.	WIDOWED DIVORCED	Montgomery C	ounty, MD
1 11/01	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR
5 1 1 AC	Bethesda	Suburban Hos	pital	Homemaker	Home
TO THE PERSON NO.	Maryland Won:			13e STREET ADDRESS / ZIP CODE	ad (20906)
	I saac	Greene Greene	15 MOTHER'S MAIDEN NA GOLda		Triester
No. of the last	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS	
TIMO	No -	132-01-96	Max H. Novin	sky: 12806 Bluhill	Road: Wheaton,
ST. BAL Hilicote amproper emoval.		anly one couse per line for (a), (b), one SED BY ATE CAUSE (a)	SiAC ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deuth ce deuth ce down carbi fron, ce t	Conditions, if any, which			efact - Aportis	Liconsis
Mw. PR that the sale rem of, comp or other tr	gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF Small ell ear	cinona of the lung	Metastatic
S, 28	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO D	<u>DEATH</u> BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART 1:a

190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX YES [] NO [] 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE I AT HOME, STREET, FACTORY OFFICE, FARM ETC 1 NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from 1986 sow the deceased olive an 12126 above, (I) (we) (did) (did not) view the bady after death and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

ORTANT.

DHMH - 16 60M 7/B4 (VRA 15, 4)

ould be detached thithe State Dept.

230 BURIAL, CREMATION, REMOVAL BURIAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)
HAMID MONTAKHAB,

236 DATE

23¢ NAME OF CEMETERY OR CREMATORY

22e, ADDRESS

MD

23d. LOCATION CITY OF TOWN

MEDICAL STAFF DIRECTOR PHYSICIAN

Dec. 29, 1986

DRIAL CHAPELS DEC 3 1 1986 Julia Diciden. 12/30/86 24 FUNERAL DIRECTORDAN ZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

ATTENDING PHYSICIAN

Julia Divideon Randales

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DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes 300 West Montgomery Ave. Rockville, Maryland

250 DATEREC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE
DEU 9 1986 Julia Diordon Landara

December 9, 1986 Forest Oak Cemetery Gaithersburg, Montgomery

2b HOUR

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

COUNTY

86

months

STATE

December 5,

Nursing

IF UNDER 1 YEAR

3:45A

NAME Olin L. Molesworth, P. A., Damascus, Md.

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND

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66 DEC	DE	ED NAME FIRST	WIDDLE		OSBORN	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOURS
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	1.5E	FEMALE	LAUC.	5 DATE C		6 AGE (IN YEARS LAST BIR	YRS	UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
196	Jer B	RTHPLACE (STATE OR FOREIGN DINTRY)	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O		MD.
97	GA	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FABILITY, GIVES HERMA) WI/SON	RSING HOME C		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O H. MAKER	ON		F BUSINESS OR
merbe	13 o M	AL RESIDENCE (IF NURSING HOME OR DATE 136 COUN MOT	VITY 13c. CITY OR 1	TOWN Prsburg	13d INSIDE CITY LIMITS? YES 📉 NO 🗌	18705 Walk	zip CODE cers Ch	oice R	Rd. 20879
3		HOWARD F	BELL BELL		GRACE	M_{ullet}^{MIDDLE}	TUT	TLE LAS	1
Adro	160 V	VAS DECEASED EVER IN U.S. AR YES, NO OR LINKNOWN) (IF YES, GIV	CHILD OR DILLES	7-0815	Grace B. F	Redding San	ne as #	13	
co bnoop		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	lly one couse per line for (o), (b D BY: TE CAUSE (o)		xia			APPROXIC BETWEEN C	MATE INTERVAL DISSET AND DEATH
ial, cremation		Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSE	CHI	=, cope			10	1
Then p or to bur injury, o	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	OITION GIVEN	UN PART VO	
Sony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [VERE FINDIN NG CAUSES	OF DEATH?
Burial-tronsit p Mental Hygier or Item 18 sho		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	I OR PART ?)	
h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE FARM ETC)	21f LOCATION STREET	CITY OR TO	NN /	COUNTY	STATE
for use of Healt		sow the deceased alive on above, (I) (we) (did) (did ali	the body ofter death.	V7	d that in (my) (and aprinio	n death occurred on the do	121 19 ote and hour o	nd from the	that (1) (we)lost
be detached e State Dept TANT: If Item		27% SIGNATURE	yen		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	220. DATE:	SIGNED />
should be derived with the State		22d PHYSICIAN'S NAME (TYPE O			22e ADDRESS	Darresto		ed	6.B.
n 3 ≥ 1	23o E	BURIAL, CREMATION, REMOVAL CREMATION	DEC.22,1986		EMETERY OR CREMATORY Vash. Crem.	23d. LOCATION		OUNTY	Md. STATE
60M 7/84 5, 4)		UNERAL DIRECTOR NAME LANCIS H. BARBEI	R LAYTONSVIL	LE,MD.20	0879 ²⁵ 01	EC 2 9 1986	256 PEGISTRA	R'S SIGNATI	Randall.

STATE OF MARYLAND

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	You	b p p	3 SE		110	4 RACE		S. DATE		6. AGE 1	IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
4	4	s offi		Female	11	Caucas	sian	Octo	ber 2, 1922	64	YR	MONTHS DAYS	HOURS MIN
	90	Popular Popular	70. B	RTHPLACE STATE OR	FOREIGN		WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIA	MORE CITY OR COUN	TY OF DEATH	
	5	Oto 72		nnsylvania	1	United	States	WIDOW			MONTO	SOME	RY COMD,
->	je .	2		TY OR TOWN OF DEA			HOSPITAL, NURSI		OR OTHER INSTITUTION		AL OCCUPATION		OF BUSINESS OR
201	o s	filed filed		bethesi	A	50	LBURB	AN	Hospital	Nurs		Hea1	
0 2 1	4 hou	d be		AL RESIDENCE (IF NURS STATE	13b COUN	OTHER INSTITUTION TY	131 CITY OR TO		134 INSIDE CITY LIMITS?		T ADDRESS / ZIP CO		_
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05, 2	or res	o bur	Z	PART 2 OTHER SIGN	MIFICANT C	onditions <u>c</u>	ONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CONDITION	GIVEN IN PART 1	10
COR	9	nit. T	ATIC	19g. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20g AL	JTOPSY? 20b. IF	YES, WERE FINDI	NGS USED
LRE	ne lo	E S Der	CERTIFICATION	Wo						YES [IN CER	RTIFYING CAUSES	
VITA	N Sicio	T S T	CER	21a. ACCIDENT WAS UNE	DERLYING _	21b. TIME C		AV VEAD	21c. HOW INJURY OCCU	JRRED (ENTER		18 PART I ORPART 2)	
OF	ICIAI g ph	by my	CAL	OR CONTRIBUTING		n e	M. MONTH E	19					
DIVISION OF	PHYS	the bund Me de d	MEDICAL	21d INJURY OCCUR			OF INJURY REET, FACTORY OFFICE.	FARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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	he h	11/		III. SIGNATORE	0	VP	X	and)	ATTENDING	MEDICA	AL STAFF	ZZC. DATE	SIGNED
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	HOS	ould b	-	John	11).	1843	130 H.	UN	1.304	PHIA	OFFICE RI	d. Ry	the de lu
	To Test	2 4 3 X	73n F	LIRIAL CREMATION	PEMOVAL	132h DATE T	122	NAME OF	EMETERY OR CREMATOR	1231.10	CATION		70/2/2

West Hill Cemetery 74 FUNERAL DIRECTO Robert A. Pumphrey Funeral Homes, P. A 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NAME
7557 Wisconsin Ave. Bethesda, Maryland 20814

DEC 8 1986

Luia Diridon Roder

23d LOCATION CITY OF TOWN

Galeton

Pennsylvania

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

^{23b. DATE} Dec. 6, 1986

7557 Wisconsin Ave. Bethesda, Maryland

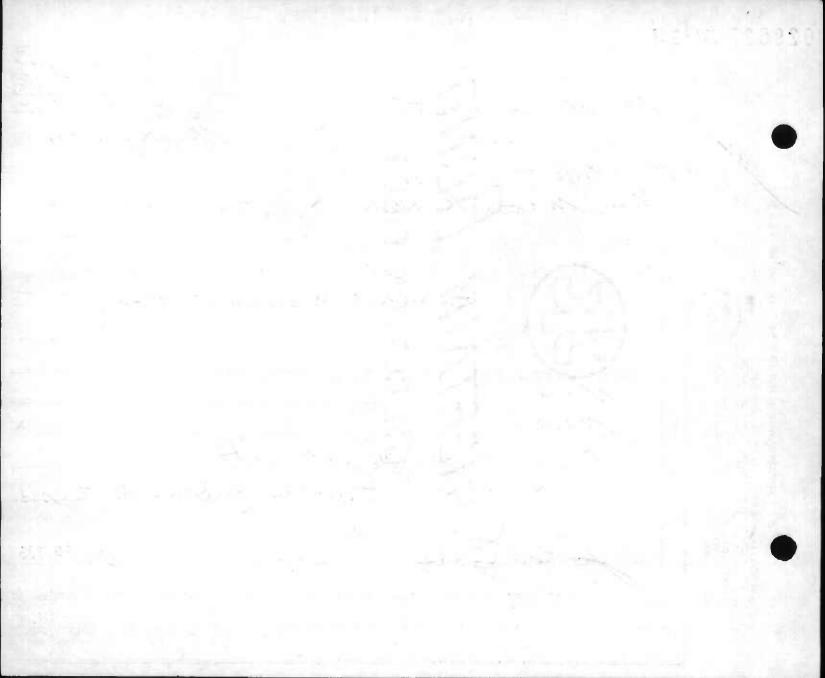
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27	ngn dec	1.	FOR 12/1	a,22a, 9/86,	Gbj.	M.E., STA	HEALTH		100	0	3	5 6	8 8	aug.
61	A A A DEC		STATE REGISTRAR	FIRST	MEI	DICAL EXAMIN	NER'S C			KE	G. NO.		2	
			CEASED NAME PE OR PRINT)	7.81.01		MIDDLE		LAST	20	DATE KNOW		DAY DAY	YEAR	26 HOUR
	CLOR. FILES. TREET,			Crysta				Paka		DEATH MATE	D .	12	819 86	M
	ECSSARY, PLEASE PARRAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET	3. SE		India		25 YEAR 8 6. AGE (IN Y	PAY) MONTH			RONOUNCED DEAD			8 ₁₉ 86	5:03F
	MOTHER PREST	7	Maryland Maryland	3 /	76. CITIZEN OF WE	AT COUNTRY?	8. MARRI WIDOW	ED NEVER M	AARRIED X	Montgo				MD.
1	LAY IS NECES O THE FUNER PAGE 5 FOR PAGE 5. TO S. 201 W PRE	1	Takoma P	DEATH	11. NAME OF HOS	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) On Adventi			FOR MO	L OCCUPATION OST OF WORKING LIFE	N (TYPE OF W	ORK 12b K		SINESS
1	ANY DEL AND MO AND MO A	13a. :			OTHER INSTITUTION, GR	RESIDENCE BEFORE ADMISS 136. CITY OR TOWN Takoma P		134 INSIDE CITY LIM	HTS? 13e STREE	TADDRESS 12 Kir	-klyr	_	2091	Ju
1	9 4 8 8 7 7	-	ATHER'S NAME	11.0			alk	15 MOTHER'S M			ALL Y I	111 100	. •	
	9-56-29/10	1	Alvin		R.	Paka	4	Parul		MIDDLE	Pa	andit	LAST	
	ON SERVICE	16c.	WAS DECEASED EV		ED FORCES?	166 SOCIAL SECURI	IY NO.	7'9'6'8'^G'1		e Dr ADF				d.
	BALTIMOR S. AFTER DE GIVE PROE TITH FORM PAGES LA INISION OF	-	yes, no, or unknown) ${ m N/A}$	(IF YES, GIVE W	AR OR DATES)	N/A			Hamil		Frie		1272722	
	ST., MOUR G WIT.		Canditions, gave rise	I WAS CAUSED IMMEDIATE if any, which to immediate ting the <u>under-</u>	BY: CAUSE (a) S U DUE TO, OR	far (a), (b), and (c).) adden Inf AS A CONSEQUENCE AS A CONSEQUENCE	OF	Death S	Syndrom	е		BE	approximate Tween Onset	INTERVAL AND DEATH
	DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROPED TO THE CHIEF MEDICAL EXA RES SHOULD BE USED AS A BURIAL. RE DEPARTMENT OF HEALTH AND ME TO PRIOR TO BURIAL, CREMATION,	TION	PART 2 OTHER SIGNIFI			BUT NOT RELATED TO THE TER								
	SHOULD ORD "P CHIEF USED TOF HE USED TOF HE	TIFICA				ION FOR WHICH OPE	ration w	AS PERFORMED?	?			20	AUTOPSY?	но 🗌
	FICATE THE W OO THE OOULD B OR TO B	MEDICAL CERTIFICATION	210. EXTERNAL C UNDERLYING CONTRIBUTING	OR		MONTH DAY YEA		OW INJURY OCC	URRED (ENTER NA	TURE OF INJURY IN IT	TEM 18 PART I	OR PART 2)		
	DIVISION HIS CERT WRITING ARE 3 SHAGE 3 SHATE DEP	MEDI	21d. INJURY OCC WHILE NAT WORK			DF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN		COUNTY		STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PERCORDS, 201 W. PRESTON TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 17 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL -TRANSIT PER AFTER-DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		death resulted for	ram: Natura	I causes K,	9_	Autap uicide	Homicide TITLE (SPECIF	FY) ant_medic		D		12/9/	86
	XECU YAGE A FTER	00	(TYPE OR PRINT)	77-0-4		ane, M.D.		ADDRESS	ll Penn		Ito.M	.		
07 / 25 A	1/21/		Burial, CREMATION			Ft.Lin				entwoo		GUNTY	Md.	ATE
25/	DHMH - 17 (VR A15 ME (5))	24. [himes/r			New Hamp. Spring, Md		250. D	DEC 1 2	1986 J		AR'S SIGNA	Randae	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF R FILES. HOURS STREET, Charles Palmer, Sr. DEATH MATED Howard 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE RONOUNCED 1941 Oct. 18 DEAD TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR NEVER MARRIED FOREIGN COUNTRY 200 New York U.S.A. DIVORCED IB CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Car Salesman Tom Hatton Inc 4703 Topping Road
HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEHORE **DMISSION] 4703 Topping Road 13d INSIDE CITY LIMITS? 20852 15. MOTHER'S MAIDEN NAME Eileen MIDDLE FIRST Seith Palmer Ernest 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 097-32-9052 Barbara J. Palmer wife same as #13 1960-1964 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. USED AS A BURI. OF HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENTS! HE BATTIMORE, MARYLAND, 21201 PRIOR TO BEIRAL, NO CK YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR A. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION AT WORK AT WORLE FACTORY, FARM, ETC. 220 I certify that I took charge of the remains described above, held an Suicide X deoth resulted fram: Natural couses Accident Undetermined manner TITLE (SPECIFY) ACTUAL EXAMINER'S NAME ADDRESS 1919 Seminary Rd., Silver Spring, Md. John S. Rogers TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23h 3.1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. Burial 07/84 BP 24 FUNERAL DIRECTOR 1256 REGISTRAR'S SIGNATURE Francis J. AD Collins, Jr. **DHMH - 17** (VR A15 ME (5)) Silver Spring 500 University Blud.



TO FUNERAL DIRECTOR, should be detached for us with the Stote Dept. of He-

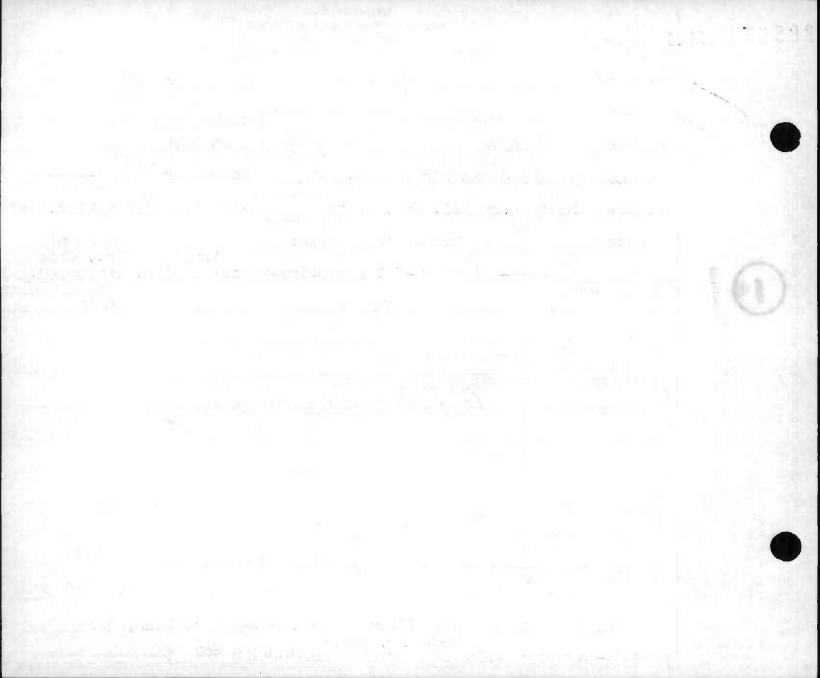
DHMH - 16 60M 7/84

(VRA 15, 4)

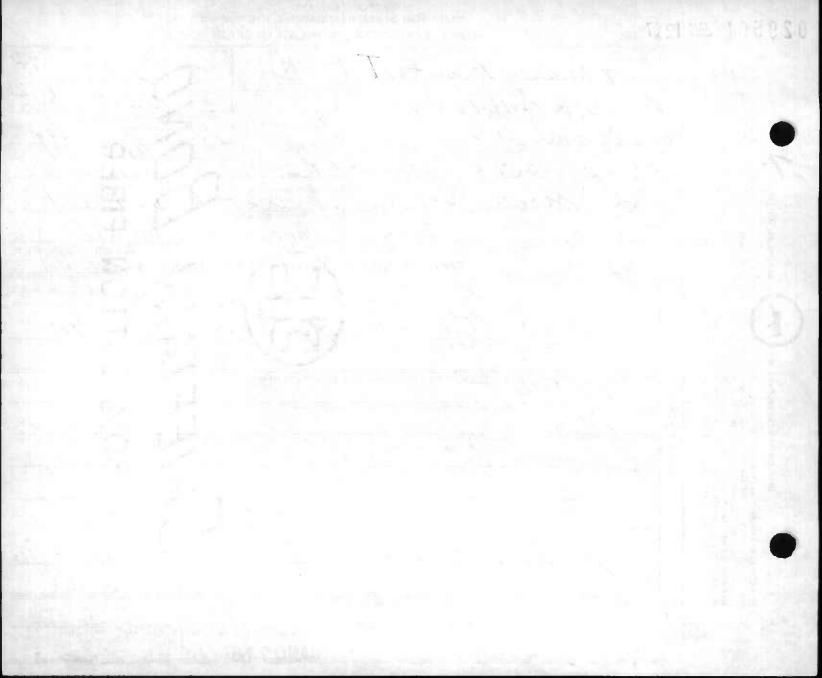
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STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	
LAST	Б

51	FOR STATE REGISTUAR		DEPARTM		HEALTH AND MENTAL HYG			
1.04	CASED NAME 1911		MIDDLE		LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
12	CHANGE TALK			nn	~ ~ 1)	10	211 61	5:00
1 58	HULLINE	1. RACE		5. DATE	TSH	6. AGE (IN YEARS LAST BIRTHDAY)	24 86 IF UNDER LYEAR	IF UNDER 24 HRS
1 36	4	4. RACE		MONT			MONTHS DAYS	HOURS MIN.
10	temale	Caucas;		10	12 1902	84 YRS		
7° 10	RITHPLACE (STATE OF FORE GN. COUNTRY)	75 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
1	USSIA	415.A		WIDOW		Montgoner		MD.
100	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	126 USUAL OCCUPATION		F BUSINESS OR
(5)	You Spring	The Calor	tal Villa 7	14181	4-Hene	Homemaker.		
13a.	AL RESIDENCE (IF NUR ING HOME OF STATE 1136 COU	OR OTHER INSTITUTION	13c. CITY OR TOWN	ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	DE 209	902
Ma		gomerv	Sil. Sr		YES XX NO		P	lvd.West
	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		
V	Coorgo	WIDDIE	Bernst	oin	Frima	WIDDLE	(unkno	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECUR		17 INFORMANT	ADDRESS		
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				Cleverand		
	No -		295-40-4		Berkowitz=	Kumin; 1985 S		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per	line far (o), (b), ond	157	de a		BETWEEN	ONSET AND DEATH
		ATE CAUSE (o)		180			7/8	noh
		DUE TO, O	R AS A CONSEQUE	NCE OF				
	Conditions, if any, which	((b)_						
	gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF				
1	underlying course lost	(c)						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ON TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 10	0
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CERTIFICATION	1% DATE OF OPERATION	196 COND	ITON FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDIN	NGS USED
Ĕ					V		IFYING CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	FINJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS		
	OR CONTRIBUTING CAUSE OF DE	MIN	M. MONTH DA					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P. 21s PLACE		19	211 LOCATION			
Ä	WHILE IT NOT WHILE IT		DE INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	AT HOR LA AL JOH			11	17 0	240	1	
	22a.1 certify that (I) (this hose	- 1 (W	e deceosed from	11/	19 15		, 19 10.	that ((w) last
	saw the deceased alive o obove (1) (we) (did) (did)	of) view the body	ofter deoth.	(2_, 0	nd that in (my) (our) opinion	deoth occurred an the date and he	our and fram the	causes stated
	THE SIGNATURE	Pa			DEGREE		22c. DATE	SIGNED
	////				ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4	Re-1-
1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	(,		22e ADDRESS		POI	16
	1756 ha	060	bruih		1/1/20/101	1 Hans it worth	- 6 1,2h	rl 2019 04
23a	BURIAL CREMATION, REMOVA	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	-00/	2701
	(SPECIFY)	700				CITY OR TOWN	COUNTY	STATE
24 F	Burial UNERAL DIRECTOR	112-28				ank Cleveland TE REC'D. BY REGISTRAR 256 REGI)
	NAME	· · ·	KOCKVI	Lie,	Mar Arana loca	1000	AT SIGNAL	0 1
ρa	nzansky-Goldber	g Chape.	Ls; 1170 F	COCKV	TITE LIKE OF	1 2 3 1000 guilla	Intercond.	Candali



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 029564 JAN 12 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ELAY IS NECESSARY, PLEASE
TO THE LIJUERAL DIRECTOR.
TAGES FOR YOUR FILES.
BETHED WITHIN 72 HOURS
OR. COLIN. PRESTON STREET, OF DEATH MATED SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) YEAR MONTHS PRONOUNCED DEAD 70. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNT DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF (IF NOT IN SUCH FACILITY, G VESTREET ADDRESS) USUAL RESIDENCE (INN NUMBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAL GIVE PAL FORM PIL MIDDLE MIDDLE ckson 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for(a), (b) APPROXIMATE INTERVAL OULD BE EXECUTED WITH THE TRANSPORT OF PENDING" IN PENCIL IN ITEM 18 HIEF MEDICAL EXAMINES AND AS A BURIAL-TRANSIT REMIT OF HEALTH AND MENIAL HYGIBLE PLANS CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED / 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOLD EXECUTE THE CERTIFICATE, WRITING THE WARD POEE 4 SHOULD BE FORWARDED TO THE CHIE POEE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARTMEN OF BALLMORE, MARYLAND, 21201 PROR TO BURDA. NY YES 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 218 PLACE OF INJURY (AT HOME, 216. INJURY OCCURRED 211 LOCATION AT WORK AT WOLLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 22a. I certify that I taok charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Natural couses death resulted from: Homicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23h DATE 73r. NAME OF CEMETERY STATE 07/84 BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** NAME (VR A15 ME (5))



FOR STATE

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	

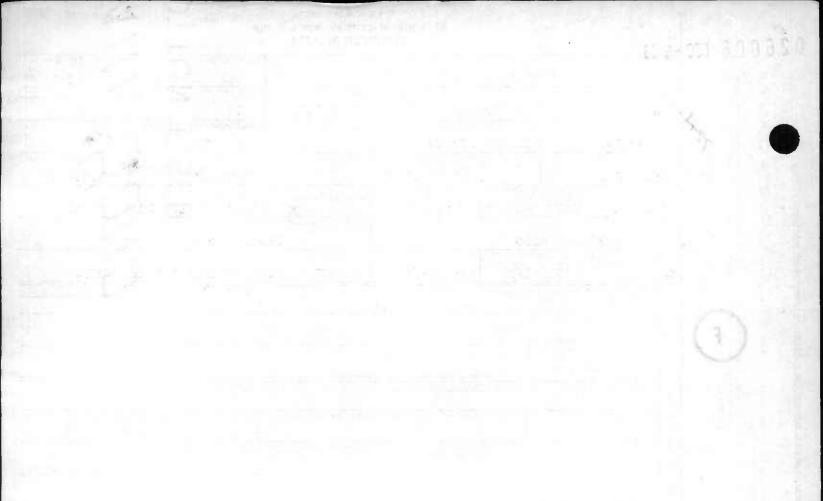
		RE	G.	N

	-1.	THE STRAK						REG. No	0.		
1		CEASED NAME FIRST OR PRINT!		AIDDLE	L	AST	2	a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1		WI		HRISTIAN				DECEMBER			7:35 A
1	3. SE	(4 RACE		5. DATE C	DAY YEAR	6.	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
U	- 7	ALE	CAUCA	SIAN	JANU	VARY 6 1915 71 YRS.					
g		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVER MARRIED					
7]		EBRASKA		STATES	WIDOWE	D DIVORCED		MONTGOME	ERY		MD.
2	B	TY OR TOWN OF DEATH ETHESDA	(IF NOT IN SUC	AVAL HOSP	ADDRESS)	OR OTHER INSTITUTION		RETIRED		IFE) INDUSTRY	S.NAVY
9	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13H, COUN RYLAND ANNE		GIVE RESIDENCE BEFORE 136. CITY OR TOW EDGEWAT	N	13d INSIDE CITY LIMITS		se STREET ADDRESS A)37
U	TV FA	THER'S NAME FIRST WILLIAM PA	SSO	LAST		15. MOTHER'S MAIDEN		IE BARGAR		LAS	ST
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	ESS		
7	YE	S 1935	-1955	546-22-3	828	CATHERINE	A.P.	ASSO,1811	LORE	LEY ROAL),
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE 1			DITION GI	VEN IN PART 10	a.
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY2 YES X NO	IN CERT	ES, WERE FINDIF	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	TH HOUR A.I	m, month da m,	Y YEAR	21c HOW INJURY OC	CURRED	(ENTER NATURE OF INJUI	RY IN ITEM IB	PART I OR PART 2)	
	MEC	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F.		211 LOCATION STREET		CITY OR TO		COUNTY	STATE
		220.1 certify that (1) (this haspi sow the deceased alive an above (1) (we) (did) (did no	DECEMB	ER 1 19	86 , or	IBER 4 , 19 8 and that in (my) (aur) apir		, to <u>DECEMBE</u> oth accurred on the do	_	ur and fram the	
		my P Mus	les			ATTENDIN PHYSICIA	IG N 🔲 I	MEDICAL STAI DIRECTOR PHYSIC	FF IAN	221 DATE	Re 36
1		274 PHYSICIAN'S NAME THE				22e. ADDRESS NAV	AL	HOSPITAL			
4		J. P. MEHEGAN						DA, MD 208	14-50	011	
	(URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE			EMETERY OR CREMATO		23d LOCATION		COUNTY	STATE
		URIAL	DEC 4	1986	ARYL	AND VETER		CROWNS			MD
	1	INERAL DIRECTOR		ADDRESS			JE C	3 1986	Julia .	CARGASTA	1
-	T	AYLOR FUNERAL	L CHAPI	EL, ANNA	POLI	S, MD	LLU	0 1300	J		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: Ah-should be detached for use or with the Stote Dept. of Health WPORTANT: If here 21 is mor-

TO HOSPITAL OR



STATE OF MARYLAND

ATE OF MAKILAND	.63	0	Bud .
F HEALTH AND MENTAL HYGIENE			
TIFICATE OF DEATH		REG. NO.	

101	STATE BEGISTRAR	DEPAR	CERTIFICATE OF DEATH		
	EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	·
(TYPE O	Alfre	d Boyd	Patterson	November 2	9. 1986 5:07a A
3. SEX	711110	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	,
	Male	Negro	April 22, 1949		MONTHS DAYS HOURS MIN.
BIRT	THPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	Y? 8.	- 9 BALTIMORE CITY O	R COUNTY OF DEATH
	RCINIA	U.S.A.	MARRIED LI NEVER MARRIE	D 🗆 🗕	
10. CITY	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCE	N 120 USUAL OCCUPATION	ON 126 KIND OF BUSINESS OF
	Bethesda	NIH, The Clini	cal Center	(Type of work for most o	operator Privat
D.	ATE 13b COUP	OTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c. CITY OR TO Washin	DWN 13d. INSIDE CITY LIM		ZIP CODE 1ph St., NW 20011
	hersname nristopher W	"Patterson"51	15. MOTHER'S MAID	EN NAME MIDDLE Boyd	LAST
	AS DECEASED EVER IN U.S. AR S, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SE 227-66	CURITY NO. 17. INFORMANT	ea Jones, mothe	
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF THE TOP TO THE TOP TO THE TOP TO THE TOP TO THE TOP	ond C. Acute and chais with extensive outliers, bilateral outliers, bilateral outliers, betatus post esoph	vidence of met	astatic
	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	<u>O DEATH</u> BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
CERTIFICATION	Nov. 6,1986		CHOPERATION WAS PERFORMED	n YES X NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \$\fomathbb{X}\] NO \(\bigcap \)
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			OCCURRED (ENTER NATURE OF INJUI	RY IN ITEM IB PART I OR PART 2)
ME	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFEIG	CE, FARM, ETC.)	CITY OR TO	WN COUNTY STATE
	saw the deceased alive on	November 29 19		pinian death accurred an the de	
	22d PHYSICIAN'S NAME (TYPE OF	GRIFFITH	22e ADDRESS Na	ational Institu	ites of Health, 9000 ada, Maryland 20892
	JRIAL, CREMATION, REMOVAL		C. NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	
(5)	BURTAT	3DEC.*¢	FORT LINCOLN	Brentwo	od Maryland State

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the haspital or ottending physicion.

24. FUNERAL DIRECTOR th ST. North 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



moy be 9 5 FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			REGISTRAR			REG. I	10.
659 DE	0.3	1. DE	EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
y be		/	FRED	_	PEARSON	DECEMBE	R 23, 1986 8:79.m
oe d	1	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST B	IRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS
age 4	10 1		MALE	WHITE		916 70	YRS.
S. 43	30		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	9 BALTIMORE CITY	OR COUNTY OF DEATH
leoth 72	/		ENGLAND	U.S.A.		RCED MONTGO	MERY COUNTY MD.
e se se		10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		JTION. 170 USUAL OCCUPA	
S of	1)]	BETHESDA /	6204 WALHONI			DIRECTOR BRITISH EMBASSY
hour and a	15	USUA		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
2 36 7	0		4.30	GOMERY BETHESD			LHONDING RD. / 20816
4 13/ /	None		THER'S NAME	MIDDLE LAST	15. MOTHER'S M		
1 27	00		WALTER	- PEARSON	J AA	WIE -	HARVEY
d co	7		AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU			RESS
	/	(,		ONE 215-50-	7780 DORIS E	. PEMRSON (WIFE	7
5 PER .	. 3		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily ane cause per line far (a), (b), on	d (cu)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
i tage				TE CAUSE (a) Pro	mon		3 weeks
- 610				DUE TO, OR AS A CONSEQUE	NCE OF-		
den den			Canditians, if any, which	(16) Acg	ulrob 1	mmunedot	Icieny 2 years
4 4 5 5 5			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF 1	-	
thot t by rose of c			underlying cause lost.	(1c) R	-ood Iva	ustuilon	2 years
5 5 5		7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110
en si The		CERTIFICATION	Pan my	popiluilari			
low s be s prid		ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	ED 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The cion.	\simeq	RTIF				YES NO	YES NO
hysin ficat fran I Hys	0	-	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		AY YEAR 21c. HOW INJUI	RY OCCURRED (ENTER NATURE OF IN.	URY IN ITEM 18 PART I OR PART 2)
SICI, ng p certi certi ento		CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	3	19		
PHYY ending this e bu		MEDICAL	21d JNJURY OCCURRED	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC 211 LOCATION STREET	CITY OR	OWN COUNTY STATE
offer the ost the hong		~	AT WORK AT WORK				
ND I or I o				tal) attended the deceased fram_	1962	19, to	23, 1986, that (I) (we) last
spito CTO CTO I for	7		sow the deceased alive on above, (1) (we) (did) (did)	t) view the body after death.	, and that in (my) (au	apinion death occurred an the	date and hour and from the causes stated
DR ho	b		226. SIGNATURE	0.51.11	DEGREE		22C DATE SIGNED
AL DAL Date Date Date Date Date Date Date Date			Mussell	In Villey J.	· A · D All	ENDING MEDICAL ST YSICIAN DIRECTOR PHYS	AFF ICIAN [] 12-24-86
OSPIT ned by TUNER Id be the Str			22d. PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDRESS		
O HOSPITAL etained by t TO FUNERAL should be det			DR. RUSSELL	M. TILLEY . M.	D. 4701 M	ASSACHUSETTS AVE.	MW. WASHINGTON, D.C.
5 5 5 4 3 ¥	1		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CRE		
BP			CREMATION	DEC. 24 1986 CL	tambers cremi		PGCD. MARYLAND
DHMH - 16 60M 7	/B4	24 FU	INERAL DIRECTOR			250. DATE REC'D. BY REGISTRA	
(VRA 15, 4)	. 5-	CH	AMBERS FUNDRAC	- HOME SILVER S	PRING, MARYLAN	DEC 2 9 1986	Julia Divideon . Raidalli

STATE OF MADVIAND

	117	IL OI M	MULL	MIND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	CORD	

REG. NO.

ľ	I. DEC	CEASED NAME FIRST		MIGOLE	j.	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOU	R
ł	(TYPE	ESTHER)	1. PEI	DOI	CORD	10	2-20	28-6	6	AM
	3 SEX	emale	1. RACE Wh	ite !	FEE	DAY - YEAR 96	6. AGE (INYEARS LAST BIR	YRS MO	UNDER I YEAR	IF UNDER	24 HRS MIN.
	C	RTHPLACE (STATE OR FOREIGN	USA		MARRIEI	DIVORCED [Montgon	eny G	ruty		MD.
	0	LNEY	Brooks	Grove Nu	DRESS)	a Home	120. USUAL OCCUPATION OF MAKER		HOME	F BUSINE	SS OR
	130 S M	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN MONT	NTY	GAITHERSE		13d. INSIDE CITY LIMITS? YES NO	134SIREET GATTHE	ER STE	2087	77	
	14 FA	TUDOR -	MIDDLE H	EETER		JESSIE	MIDDLE -	SMAL	L LAS	ī	
		VAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	213-50-77		Burburgo,	Publication	Herel esille	Rd 20	833	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	lly one couse per D BY. TE CAUSE (0)	line (or)a), b), and (7	nemoria		,	APPROXI BETWEEN	ANTE INTER	VAL DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	R AS A CONSEQUEN	4	Polyonger	Vale later	outeller	20	Non	0
	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART III	1	-
	CERTIFICATION	190. DATE OF OPERATION	196 COND	TION FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES		H?
1		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH.	M. MONTH DAY	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	T 1 OR PART 2)	5.	
İ	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE, FARA	A, ETC }	211 LOCATION STREET	citi de to	-	COUNTY	5	TATE
I		22a. I certify that this lospin saw the deceased alive on above (1) (Ne) (did) (did	1	115 1900		nd that in (my) (obs) opinion d	leath accurred on the	ite and have a	and from the		-
		22b. SIGNATURE	Just of	med 5	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	22c. DATE	IGNED >	61
		PHYSICIAN'S NAME (POPEO	W W	Clar		18211P+7	of your application) vez	mg =	183	2_
		URIAL, CREMATION, REMOVA	23b. DATE			EMETERY OR CREMATORY	23d. OCATION CITY OR TOWN		OUNTY		TATE
ŀ	24 FII	BURIAL	DEC. 22	2,1986 FOI	REST		GAITHERS		ONT.	MD.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

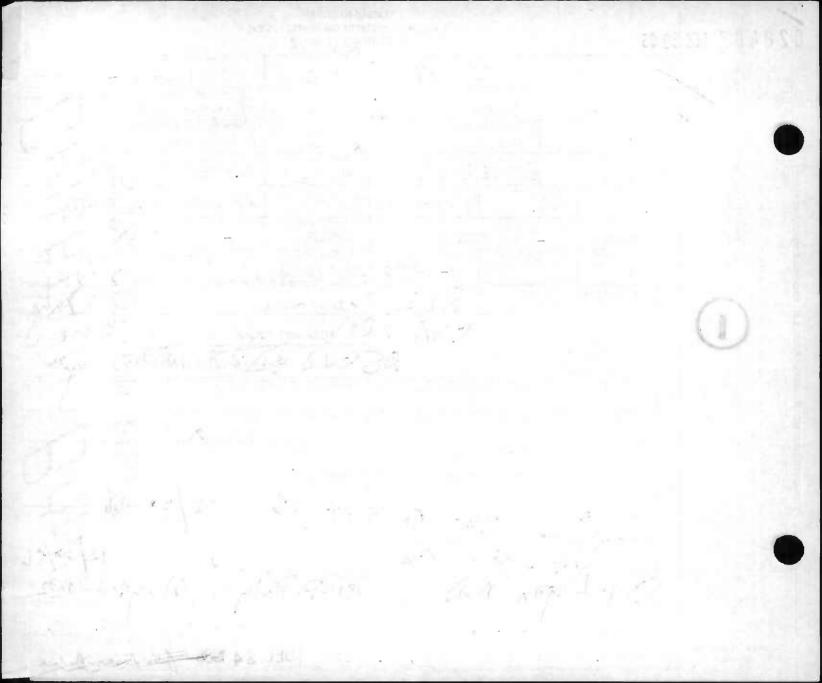
IMPORTANT: If Item 21 is marked a

FRANCIS H. BARBER

LAYTONSVILLE, MD. 20879

DEC 24 1986

Julia Dividion Pridate



DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

027324 EC LATER 6 REGISTRAL

STATE OF MADVIAND

STATE OF MAKILAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	G.	

	REGISTRAR				TOMIL OF D		REG. N	0.				
1.0	NAME Wend	ell	Alfred	_	AST Perei	ra	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	IR
Ł	WEND	ELL	ALTRED	1/E	REIRA			12	10	86	8:15	A M
1.5	EX	4 RACE		5 DATE O		YEAR	6 AGE (IN YEARS LAST BE	(YADAY)	MONTH	DER TYEAR	IF UNDER	24 HRS
	Male	Whi	te	1	13	73	13	YRS	11	26		741.5
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER A	AARRIED X	9 BALTIMORE CITY	R COUNT	TY OF D	EATH		
	Louisiana	U	SA	WIDOW		ORCED	MONTGOUE	RY CO	UNT	/		ME
	CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INST	ITUTION	12a USUAL OCCUPAT	ION	121	KIND O	F BUSINE	.55 OR
(SAITHERS BURG		Forest Vie	4	ace		STUDENT			Educa	tion	1
	UAL RESIDENCE (IF NURSING HOME) STATE		GIVE RESIDENCE BEFORE		1136 INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ 7IP COI	DF			
M	Maryland Mo	JT60 MERY	GAITHERS		YES	NO 🗌	10006 FORE			LACE	2	2087
14.	FATHER'S NAME	WIDDLE	LAST			MAIDEN NAM	MIDDLE			LAS		
	ALFREDO	Α.	PEREIRA		MA		C.			Canal		
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECUI	RITY NO.	17 INFORMA Maria	NT	ADDR	ESS		GAL	THERS	BURG
	NO	- ONE WAR OR DRIES!	None	2	Perei	ra l	0006 FOREST V	IEW P	LACE	2 1	MD.	2087
Г	18 CAUSE OF DEATH (Enter	anly ane cause pe	r line far (a), (b), and	l rest						APPROXI	MATE INTER	DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) REPRETURY FAILURE									48 HOURS		
		DUE TO (OR AS A CONSEQUE	NCE OF						.,		
	Canditians, if any, which	(b)	PNEUMONII		TH PLE	URAL E	FRUSION			1/12	Mon	THS
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF ATAXIA TELANGIECTASIA 13 YRS									YRS		
CERTIFICATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO D				200 AUTOPSY?	20b. IF Y	ES, WEF	RE FINDIN	NGS USE	H?
CER	210. ACCIDENT WAS UNDERLYING		OF INJURY	V VE 4.D	21c. HOW IN	JURY OCCURR	ED (ENTERNATURE OF INJ	JRY IN ITEM 18	PARTIO	R PART 2)		
AL	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH DA	19								
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	21e. PLACE	OF INJURY TREET FACTORY, OFFICE FA		211 LOCATIO	Й	CITY OR TO)wn	C	OUNIY	5	STATE
	22a.1 certify that (I) (this has saw the deceased give		he deceased fram			_, 19_ 26	ta DEC . P		, 19_	00	that (1) (v	
	abave (1) we) (did) (did	not) view the bad	y after death		DEGREE					22c DATE		
	- TARTANOI	no han			A	TTENDING PHYSICIAN Y	MEDICAL STA				0-86	
	226. PHYSICIAN'S NAME (IV	PE OR PRINT)			22e. ADDRES	THOICH I	DIRECTOR PHYSI	JAN _				
	FRANK	A, PEOR	EIRA		4 -		MERY VILLA	HOE !	AVE.	GAN	THERS	BUA
230	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	AME OF C	EMETERY OR	REMATORY	236. LOCATION CITY OR TOWN		cou	NTY	5	TATE
_	Burial	12-1		e of	Heaven			Spri	ng,		cylar	br
24	FUNERAL DIRECTOR Ri	chard Rap	op, Ing			250. DATE	REC'D. BY REGISTRAF					
1	.804 T Street,	NW, Wasl	nington,	DC :	20009	DL	10 10 1800	gulla	Den	doon-	andas	4

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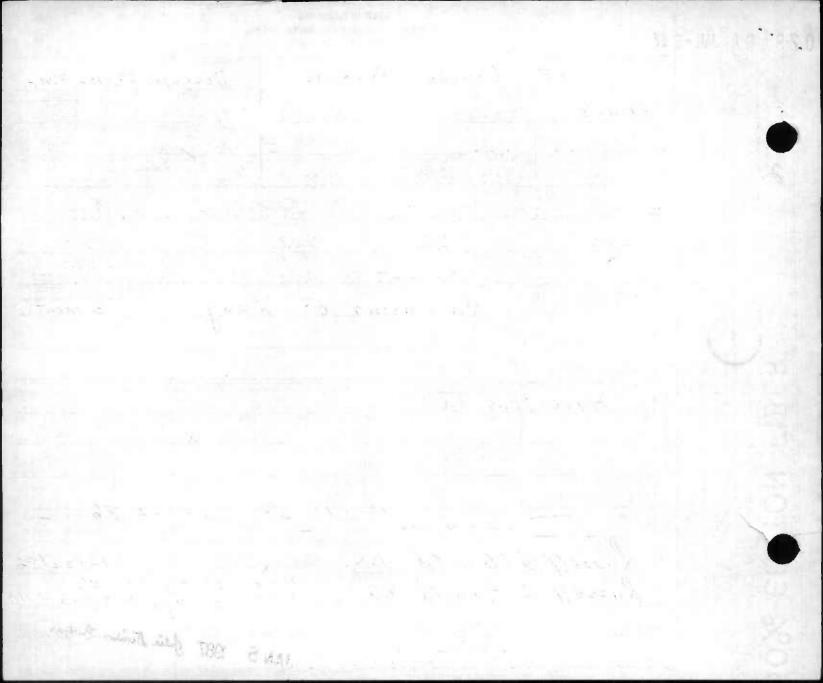
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

STATE REGISTRAR REG. NO DECEASED NAME 26 HOUR SUE LOUISP. erKins 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) Caucasian December 12.1916 70 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington. D. C Montgomeru WIDOWED 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carroll Avenue Takoma Park Homemaker Homemaker 136 COUNTY 13e. STREET ADDRESS Montgomery Maruland Takoma Park 7051 Carroll #1213 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLI Henkel George Lyle Carrie 100 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT #80 Big Acre Square (IF YES, GIVE WAR OR DATES) le Perkins Gaithersburg, Md. 20878 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 45104 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (I) (this hespital) attended the deceased fram saw the deceased alive an and that in (my) (aux) apinian death accurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL (SPECIFY Jan. 3. 1987 Burial Salem Church Cemetery Organ Cave 24 FUNERAL DIRECTOR Francis J. Collins Jr.

500 University Blud, West, Silver Spring

DHMH - 16 50M 1/B1 (VRA 15, 4)

0 p



STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

	WEGISTRAR.	LEWIS	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	1.AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1		LEWIS PERKINS		12	25 86 1753
3. SEX	X4	RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	F	BLACK	12 25 1919	67 YRS	MONTHS DAYS HOURS
	WITHPLACE (STATEON ORLOW) THE	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
00	uth ander	11 10. H	WIDOWED DIVORCED	Manz	
51	LVER STRING	NAME OF HOSPITAL NURSING		170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINES
USU	AL RESIDENCE (IF NURSING HOME OF O			I JUST WAI	10011
	Mark Assessment	SILVER	STRUM YES NO [13e STREET ADDRESS & ZIP CO	DE TANEC
14. FA	ATHER'S NAME V	DDIE LAST	15. MOTHER'S MAIDEN NA	WIDDIE	LAST
	WILLIAM RHEAMS		ALBERTA YOR	RK	- 0
	WAS DECEASED EVER IN U.S. ARM			ADDRESS	1/1/2 /
()	YES INCORUNKNOWN) (IF YES, GIVE V	UNAVAILAE	BLE Sarbara S	summer 13:	s sego, a
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a) (b), and	lici,i		BETWEEN CHIEF AND O
	IMMEDIATE	1///	war unest		7day
	Canditions, if any, which	(tb)	ILVANOIX MILKI	1.0	
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Tipliete Me	ellefen	
NO	gave rise to immediate cause (a), stating the underlying couse last.	(c)	NE OF LEGES MUE LEATH BUT NOT RELATED TO THE TER	Ellefuy MINAL DISEASE OR CONDITION G	SIVEN IN PART To
TIFICATION	gave rise to immediate cause (a), stating the underlying couse last.	(c)	LIPLUTE V / / / / / / / / / / / / / / / / / /	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH (PEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH (216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED Y YEAR 19 21t HOW INJURY OCCUP	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO S B PART I OR PART 2)
6	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY OF THE CAUSE CAU	ONDITIONS CONTRIBUTING TO D 19b CONDITION FOR WHICH (21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	OPERATION WAS PERFORMED Y YEAR 19 21t HOW INJURY OCCUP STREET 19 11 LOCATION STREET 19 10 (our) apinion THE GREE ATTENDING	200 AUTOPSY? 206. IF Y YES NOTER NATURE OF INJURY IN ITEM II	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO COUNTY STA COUNTY STA 19 , that (I) (we

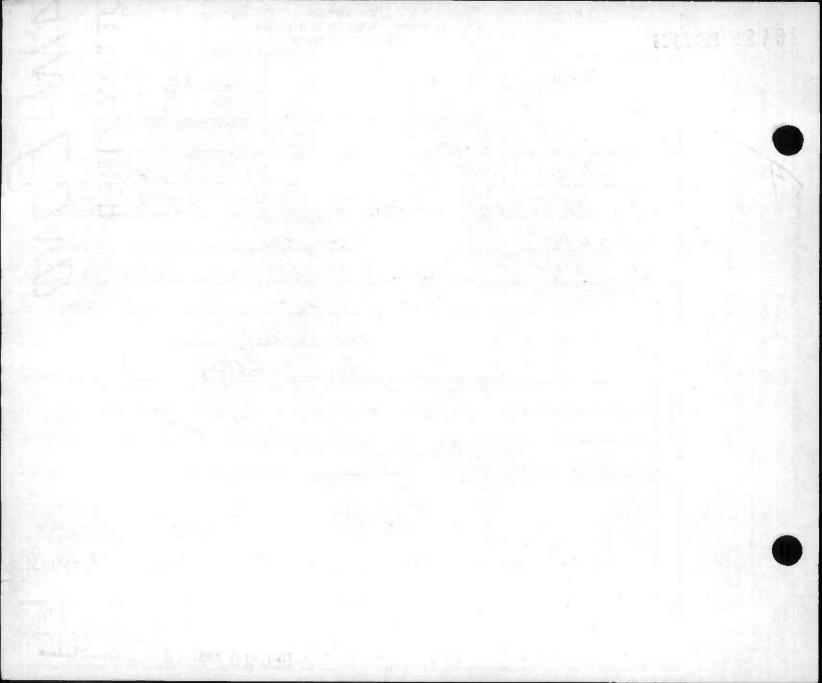
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

registrar 25h registrar's signature

1986 Julia Dividen Randese



IMPORTANT: If them 21 is morked or themm?

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

L	REGISTRAR		CERTII	ICATE OF DEATH	REG. N	10.		
T	BECEASED NAME FIRST	MIDDLE	0	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
1	Irene	o M.	te	COMS	12-10-8	6	1:	2:40Pm
ļ	SEX	4 RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF U		UNDER 24 HRS
	Female	Churchsian	OC.	7 \$ 1901	85	YRS	THS. DAYS HO	IURS MIN.
17	O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
1	minnesety	america	WIDOWI	4 4	Mont	gome'	ry	MD.
T	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME		12a USUAL OCCUPAT		126. KIND OF BU	
1	alney	Sharon	NUC	sing time	Homemake	r	INDUSTRE	
-	USUAL RESIDENCE (IF NOTING HOME OR 138 STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE		1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
		gomery Boyds		YES NO	23501 Slid		20811	
T	4 FATHER'S NAME	MIDDLE LAS	1	15 MOTHER'S MAIDEN NAM	ME MIDDLE	3 10077 - 12	LAST	
1			ors	Mary		Laidl		
1	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS		
L	No	769-0	1-5937	Beverley P	.Hanvey,	Item 1	3	
F	18 CAUSE OF DEATH (Enter on		bi, and ici.				APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
1	PART I. DEATH WAS CAUSE		binounu				3 days	5
1		DUE TO, OR AS A CONS	SEQUENCE OF					
1	Canditions, if any, which		ivation					
1	gave rise to immediate couse (a), stating the							
1	underlying couse last.	DUE TO, OR AS A CONS	SEQUENCE OF					
1	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING	2 TO DEATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE OR CON	IDITION CIVEN	INI DART 1:0	
				THE TENNE	III TAE DISEASE ON CO.	TOTAL OTTER	1141 7110	
2	190 DATE OF OPERATION	196 CONDITION FOR W		N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W	ERE FINDINGS	USED
1	OH I				YES NO	IN CERTIFYING	G CAUSES OF I	DEATH?
1	PARKUNS 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE				-
	OR COLUMNIA COLUMN		DAY YEAR					
	(IF EITHER NOTIFY MEDICAL EXAMINER 216 IN JURY OCCURRED	21e PLACE OF INJURY	-	211 LOCATION				
	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, O	FFICE, FARM, ETC.)	STREE1	CITY OR TO	JWN	COUNTY	STATE
1	22s I certify that (1) (this haspit	(al) attended the deceased f	rom_Oc-	feber 7 19 86	to Dec	10 19-	86 that	(I) (we) lost
	saw the deceased live an above (1) (we) (did) (did no	Dec 9	1986 ,0	nd that in (my) (aur) apinian (death occurred on the c	late and hour an	d from the caus	es stated
ı	27b. SIGNATURE	View the body after death.		DEGREE			22c. DATE SIGN	NED
1	12 A	owe mo		ATTENDING PHYSICIAN	MEDICAL STA		12-10	-86
7	226. PHYSICIAN'S NAME TTYPE O	R PRINT)		22e ADDRESS	SINCE TON EL TITO	CHAIT C	101-	
4	TED HO	WE MI		OLNEY .	MARYU	DW		
	230. BURIAL, CREMATION, REMOVAL	73b DATE	23c. NAME OF C	EMETERY OR CREMATORY	73d LOCATION			
	Burial	Dec.13,1986		Olivet	Frederic	k. Fre	derick.	Md.
1	14 FUNERAL DIRECTOR	F	2100110		E REC'D. BY REGISTRAN			PIC •
	Olin L. Moles	sworth, P.A., I	Damascus		C 1 5 1986	dia Danie		
-				7				

ripland forficerry Boyds at 1950 Linking bosters

Li levi , covering F. Marvey . 1 vel 12

Total or the same to the same

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicion and completely filled in be should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. equires that the death certificate be retained by the hospital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

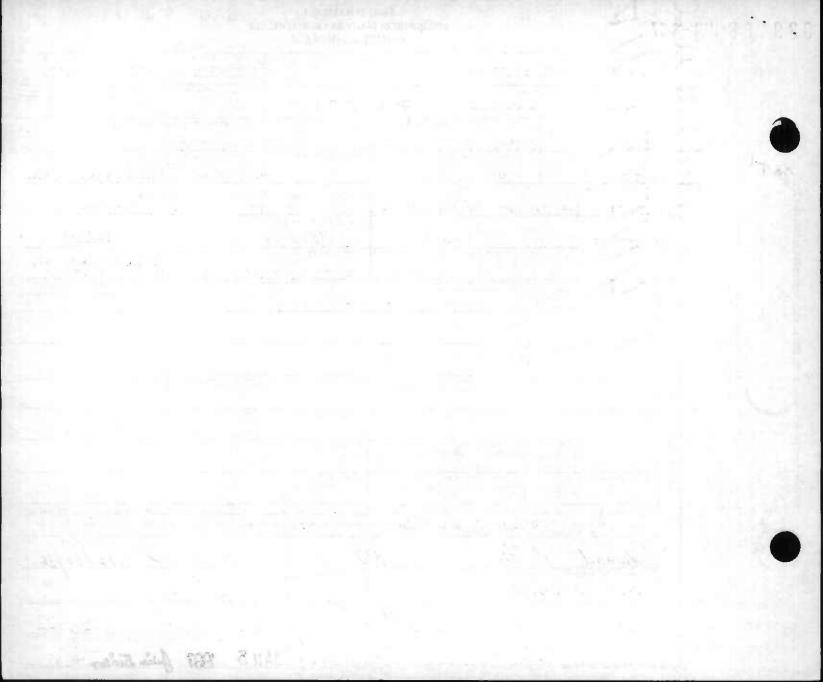
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	JIAIL OF MARILAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	CERTIFICATE OF DEATH
-	LAST 22 A

	REGISTRAK					REG. N	10.				
	CEASED NAME FIRST E OR PRINT) JAMES HUG		PS	(AST	20. DATE OF DEATH DECEMBER	28 1986	26 HOUR 9:17P			
\vdash								M			
3. SE	MALE	CAUCASI.	AN	5. DATE C	1BER °8 1926	6. AGE (IN YEARS LAST B	MONTHS	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.			
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED 1	9 BALTIMORE CITY	OR COUNTY OF DE	ATH			
	UISIANA	UNITED	STATES	WIDOWE		MONTGOMER	v	MD			
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12ª USUAL OCCUPA	ION 12b	KIND OF BUSINESS OR			
	THESDA	NAVAL	HOSPITAI			Collection	of working life) IND	D.C. Govt.			
13a.	IAL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION	13c CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE				
MA	ARYLAND MONTO	GOMERY	Silver SI	pring	YES NO X	1308 WINDI		N 20902			
14. F.	ATHER'S NAME	MIDDLE	1241		15. MOTHER'S MAIDEN NA	ME					
-	James		Phillip	5	Helen			Friend			
	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDE	Ciluat C	notice Ud			
YF		-1963	434-22-5	678	URSULA E. PH	ILLIPS 130	8 WINDING	pring, Md. WAYE LN.			
	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY:										
	IMMEDIATE CAUSE (D) METASTATIC COLON CARCINOMIA										
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which	(b)	K A3 A CONSCOOL	INCL OF							
	gave rise to immediate cause (a), stating the										
	underlying couse lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF							
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
NO	SOUTH OF THE PERMITTER							AKI IIO			
1 E	19a DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USED			
CERTIFICATION	St. Letters					YES NO	IN CERTIFYING C	AUSES OF DEATH?			
	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	21b. TIME O		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I OR I	PART 2)			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19							
0	21d. INJURY OCCURRED	21a PLACE	OF INJURY BEET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR I	OWN COL	UNTY STATE			
2	WHILE NOT WHILE AT WORK	(AI HOME SIK	EET, PACTORY, OFFICE, F	ARM EIC J	JINEE			77616			
	22a.1 certify that (1) (this hosp	ital) attended the	e deceased from I	ECEME	BER 27 1986	to_DECEMB	ER 23 1986	, that (I) (we) last			
	27a.1 certify that (1) (this hospital) attended the deceased from DECEMBER 27 1986 , to DECEMBER 23 1986 , that (1) (we) last saw the deceased alive an DECEMBER 28 19 86 , and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
	226, SIGNATURE	or; view the body	affer death		DEGREE		220	C. DATE SIGNED			
	Goward 1	P. Fox		N	10 ATTENDING PHYSICIAN	MEDICAL STA	AFF	12/30/86			
1	274 PHYSICIAN'S NAME (TYPE OR PRINT)						CIAIN D	7/20/00			
	E.P. FOX, LT, MO	C.USNR				L HOSPITAL	ran San				
72- 1	BURIAL, CREMATION, REMOVAL		122	JAME OF C	EMETERY OR CREMATORY	ESDA MD 20	814-5011				
	(SPECIFY)					23d. LOCATION	COUNT	441 1			
	Burial				ton National (Virginia			
			Collins,			E REC'D. BY REGISTRAI	756. REGISTRAR'S S	IGNATURE			
51	00 University B	lud. Wes	t. Silve	r Spr	ing. Md. JA	N 5 1987	Julia New	de De			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

retained by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physishould be detached for use as the bural-transit permit. Then please remove carbiphrape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or femove

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

'	0	REGISTRAR				CERTII	FICATE OF DEATH	REG.	NO		7
	1.05	CEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	ESTAN	MARSH	ALI	CH	APMAN	1 0	PLERCE	MOVEMB	FR 2	3 1984	2名。
	3. SE	X	1/20	4. RACE	111071710	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST		F UNDER TYEAR	IF UNDER 24 HRS
	Ma	ile		Caucas	ian	DOOR	mber 14. 1917	68	YRS.	ONTHS DAYS	HOURS MIN.
dh.	7a. B1	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	8		9 BALTIMORE CITY		OF DEATH	
4		country)		USA		WIDOW	ED X NEVER MARRIED ED DIVORCED	Mant	gomery		MD.
		ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSI	*	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND OF	BUSINESS OR
	Ko	ensington		11207 L	lalley Vi	OUT AU	onuo	Accountant		INDUSTRY	Dept. of
N	USUA	AL RESIDENCE (IF NURS	13b. COUN	OTHER INSTITUTION		RE ADMISSION)		4		Agricu	tture
1		ruland	4.4	taomeru	Kensinat		136 INSIDE CITY LIMITS?	13e.STREET ADDRES		ious Aug	20895
4		ATHER'S NAME	MOTO			On.	15. MOTHER'S MAIDEN N.	AME	MARY VA	LEW AVE	THUE.
		Franklin		WIDDLE	Pierc	0	Maru	Heles	na	Murph	"
,		VAS DECEASED EVER			16b. SOCIAL SEC		17. INFORMANT		RESS	THE TOTAL	9
	No	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	516-12-	3693	Phyllis M. P	Pionce Wike	Same	as 13	
7		18. CAUSE OF DEAT PART I. DEATH W	H (Enter a	nly ane cause pe				Acree. wa.	- MATTIE		NATE INTERVAL NSET AND DEATH
		PART I. DEATH W		Ď BY: TE CAUSE (a)	Kessi	Jak	as haile	vo -		En	mio
			MMEDIA		DAS A SQUEST	ENICE OF		1 1			0
		Canditians, if ony,	which	DUE TO, C	RAS A CONSEQU	NCE OF	a mila	Natic-		cues	见了一
		gave rise to imr	mediate	(0)	1	ein	Lat cite	unana	w-		
		underlying cause		DUE TO, C	R AS A CONSEQU	ENCE OF	10				
H		PART 2. OTHER SIGN	WFIC ANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION & IVE	N PART Iro	
	NO	ari	has	in I	esur.	. 0	Library	in m	elet	un	
4)	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
and the	TIFIC							YES NO	YES	ING CAUSES (NO
1	CER	21a. ACCIDENT WAS UNI	L	21b. TIME C	OF INJURY .M. MONTH D	AV VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT OR PART 2)	
-	AL	OR CONTRIBUTING []		1111	.M. MONTH D	AY YEAR					
	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE,		21f LOCATION	CITY OR	TOWN	COUNTY	STATE
	2	WHILE NOT WE	HILE	(AI HOME SI	REET, FACTORY, OFFICE,	FARM, ETC.}	I since				31416
3		22a I certify that (1)	(this haspi	tal) attended t	ne deceased from	De	, 19_	1 ta 2-3	Vae	980.11	hat (1) (pe) last
		ubaye, (I) (1	ed alive an	t) view towards	ofter death.	56 . a	nd that in (my) (apinior	death occurred an the	date and haur	and from the c	ouses stated
		My sylleny ORK		1		1	DEGREE			22c. DAJE S	SIGNED
		100	len	1	7		ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN [11/2	4/86
1		27 PHYSICIAN'S NA	AME ITYPE	OR PRINT!	TA.		22e. ADDRESS				
/		Horac	ce W.	Bernton	1, M.D.		4743 Bradle	y Blud., Cl	revy Cho	use, Md	. 20815
		BURIAL, CREMATION,				NAME OF C	EMETERY OR CREMATORY				
		Burial		Nov 26	1986 Da	n b P aux	n Cometeru	Rockvill	Mante	COUNTY	Maruland
	24 FU	JNERAL DIRECTOR	rance	A J. Co	Plins T	h	25a. DA	TE REC'D. BY REGISTRA	R 256. REGISTA	ARIS SIGNAN	JRE J.
		O Universi					a Md DI	EC 4 1986	Julia Da	Mary Ka	adam,

Silver Spring

(0)

DHMH - 16 60M 7/84 (VRA 15, 4)

500 University Blvd.

Television Teams 11, 1017 15

Institute (18)

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executed within 24 hours off

TO FUNERAL DIRECTOR. After this should be deteched for use its the b with the State Dept. of Health and A

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYG
CE	RTI	FI	CATE	OF	DEATH	

REGISTE	AR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO			
DECEASED	AME FIRST		MIDDLE	Ĺ	AST		MONTH DAY	YEAR	2b HOUR
(TYPE OR PRINT)	CARO	Γ.	ANN	PTG	NATARO	DEC	. 1. 1	986	8:00A M
1.5EX	0711.00	4 RACE	12121	5. DATE C		6. AGE (IN YEARS LAST BIR		INDER 1 YEAR	IF UNDER 24 HRS
-	MALE	WHITE		SEPT		46	YRS.	THS DAYS	HOURS MIN,
COUNTRY	D.C.	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF MERY CO		MD.
	WN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON F WORKING LIFE)	-	BUSINESS OR
Md.			13c. CITY OR TOW POTOMAC	N	13d. INSIDE CITY LIMITS? YES 🚺 NO 🗌	130.STREET ADDRESS A	ZIP CODE	208	54
	AME ST IRLES	MIDDLE	LANDIS		ALICE	WIDDLE	-	BLANT	11
	ASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	⁵⁵ 6701 I	ORCHE	STER RD
no no	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		578-52-0	896	96 MRS. TINA SHIPMAN CHAR			STON.	S.CARO
gove cause underly	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 1 190 DATE OF OPERATION 190 CONDITION FOR WHICH			DEATH BUT	NOT RELATED TO THE TERM		20b. IF YES, W	ERE FINDIN	GS USED
2									NO 🗌
T OR CONTI	DENT WAS UNDERLYING HIBUTING CAUSE OF D R. NOTIFY MEDICAL EXAMIN	EATH HOUR A		Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
21d INJU	RY OCCURRED NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
sow	tify that (1) (this hos the deceased alive ove, (1) (we) (did) (did)	11-25	19		nd that in (my) (our) opinian a	death occurred an the de	ite and havi or	nd fram the c	
22b. SIG1	emna	m	Amer	K M		MEDICAL STAI		12/C. DATE S	2/86
	SICIAN'S NAME (TYPE	M.	Smith	mr	3800 RES	Ervoir	D.N.	W, u	1 ASITIVE
(SPECIFY)	REMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
BUR		12-4-	1900 1	T. LI	NCOLN CEMETER	E REC'D. BY REGISTRAR		G.C.	Md.
24 FUNERAL D									

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	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND
-OSTATE	CEDELEIC LEE OF

LAND

	CERTIFICATE OF DEATH	REG. 1	NO.		
E	Platt	20 DATE OF DEATH	12-	03-86	5 A
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS

-9	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME E OR PRINT)	Alk	ert i	AIDDLE	P	latt	20 DATE OF DEATH	12-Q	3-86 2b H	5 GM
1. 5E	Male		Caucas:	RACE 5. Caucasian		. 1,1902 YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR IF UN	NDER 24 HRS
Poland			75. CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH			
OFFICE OF TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME (IF CONTROL SUCH FACILITY, GIVE STREET ADDRESS)			HOSDITAL	170 USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING UPEN INDUSTRY RabbiJewish Religion			INESS OR
HOUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS STATE Maryland Montgomery Silver Spr.					pring	13d. INSIDE CITY LIMITS? YES NO	519 Lamber	ton Dr	ive 20	1902
Shlomo Yehud Plotzky					ky	15. MOTHER'S MAIDEN NAM Gittel	WIDDLE		Weiche:	
16a \	NAS DECEASED EVER	NU.S. AR	MED FORCES? VE WAR OR DATES)	577 46 5		Judith Bern	hardt 300 S	ilsan Iver s	Court pring,Md	. 20902
Service Control	Conditions, if ony, which gave rise to immediate cause lost. Conditions of the total of the cause lost. Conditions of the								APPROXIMATE I BETWEEN ONSET	NIERVAL AND DEATH URS
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES O								WERE FINDINGS U	
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	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e PLAC (AT HOME:			OF INJURY EET FACTORY, OFFICE FA	-/	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (1) saw the decease above, (1) (we) to 22b SIGNATURE	ed olive on	17/5	3/ 19/	64.00	od that in (my) (ever) opinion of	death accurred on the d	ote and hour o		
	224 BHYSICIANES NI	$\propto 1$	1604	el.	/	ATTENDING PHYSICIAN	MEDICAL STA		12/3/	186

-D. PATEL

612, MONTROSE RD ROCKVILLE, MJ

230 BURIAL CREMATION, REMOVAL

Dec. 5,1986

Judean Memorial Gardens Coloney, Maryland

74 FUNERAL DIRECTOR'S - Pearson Funeral Homes Falls Church, Va. 22046

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Dividson Randace

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

and Mental Hygiene prior to burial,

should be detached for use as the burial-transit permit. Then pl with the State Dept. af Heolth and Mental Hygiene priar ta buri

IMPORTANT: If Item 21 is



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 027299 STATE STRAR CERTIFICATE OF DEATH REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR 1898 Black 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Md. montagnery WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Suburban Hosp. Domestic Char BETHESDA USUAL RESIDENCE (IF NURSING DIME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE BANKS PI., N.E. 130. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Washington 2001 YES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE FIRST Williams Bill Frazier Nannie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-07-0482 No Anna Baker-Same 2.5 above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and icit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A STANSEQUENCE & Canditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHIC 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED ENTER NATURE OF I URY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) AT WORK NOT WHILE 27x1 certify that (I) (this hospital) attended the deceayful i saw the deceased alive on above (I) we idid! (did not) view the bedylate and that in (my) (our) apinian death accurred on the date and hour and from the causes stated DEGREE 221 DATE SIGNED ATTENDING & MEDICAL STAFF * FUNERAL old be deta PHYSICIAN 1 DIRECTOR PHYSICIAN MPORTANT THE PHYSICIAN'S NAME 22e ADDRE NAR mos 0

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME

H. S. WASHINGTON & SOUS 4925 BURROUGH AVE. N.

23b. DATE

23 BURIAL REMATION, REMOVAL

86

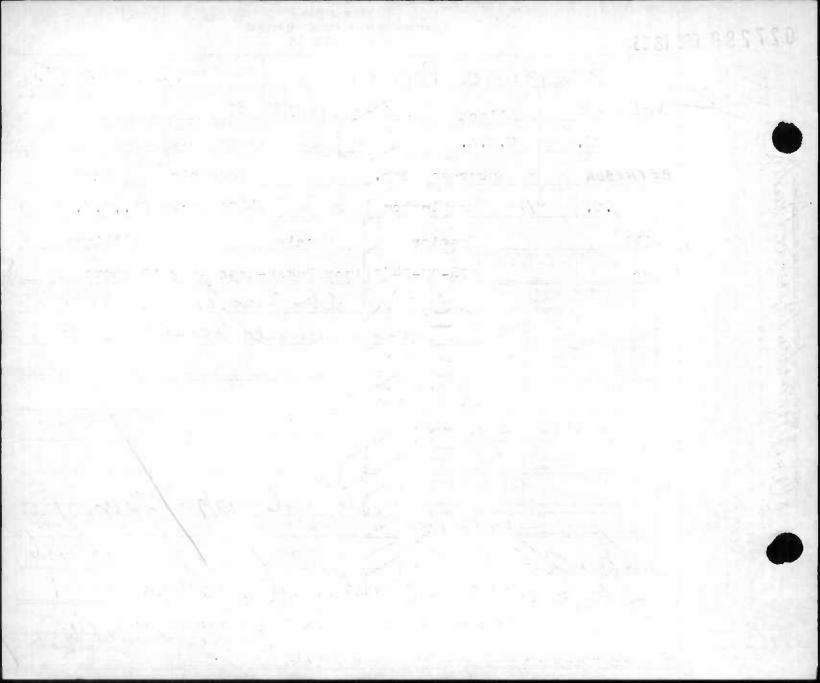
231. NAME OF CEMETERY OF CREMATORY

EM. PARK L

2 LOCATION LANDOVER 1

P. Ca. Ma. s

250, DATE REC'D, BY REGISTRAR 258 REGISTRAR 5 SIGNATURE



STATE OF MARYLAND 027662 01659 DEPARTMENT OF HEALTH AND MENTAL HYGI MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 2a. DATE KNOWN PRASADA-RAO JAMES (TYPE OR PRINT) DEATH MATED 3 SEX DATE OF BIRTH IF LINDER 24 HRS. DATE LAST BIRTHDAY DEAD 1928 57 ale Indian .22 Dec. 76 CITIZEN OF WHAT COUNTRY 70 BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED India Permanent resident DIVORCED IO. CITY OR FOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Lab Technician Hospital DURS AFTER DEATH JF ANY DEN GREEN BY THE GREEN STAND TO STAND TO STAND TO STAND TO STAND TO STAND SHOULD BE SUVISION OF WICE RECORDS 1136 COUNTY 3a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS 13e STREET ADDRESS 5405 Riggs Rd. 20879 Montgomery Caithersburg Maryland YEST NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Pafdavala Shanthamma Prakasam Mathi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (daughter) ADDRESS 16b. SOCIAL SECURITY NO 7. INFORMANT IYES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATEST N/A 214-60-6591 Shantha Prasada-Rao ·(same as 13e) 18. CAUSE OF DEATH (Enter only one cause per line for (quitb), and (c) APPROXIMATE INTERVAL CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
OR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT.
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D
IND, 21201 PEIOR TO BUSINAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING 00 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220 I certify that I took charge of the remains described above, held an Inspection. and in my opinion Natural couses death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers, DME 1919 Seminary Road, S.S. Md. (TYPE OR PRINT

BP 07/84 **DHMH - 17**

(VR A15 ME (5))

Burial 12-16-1986

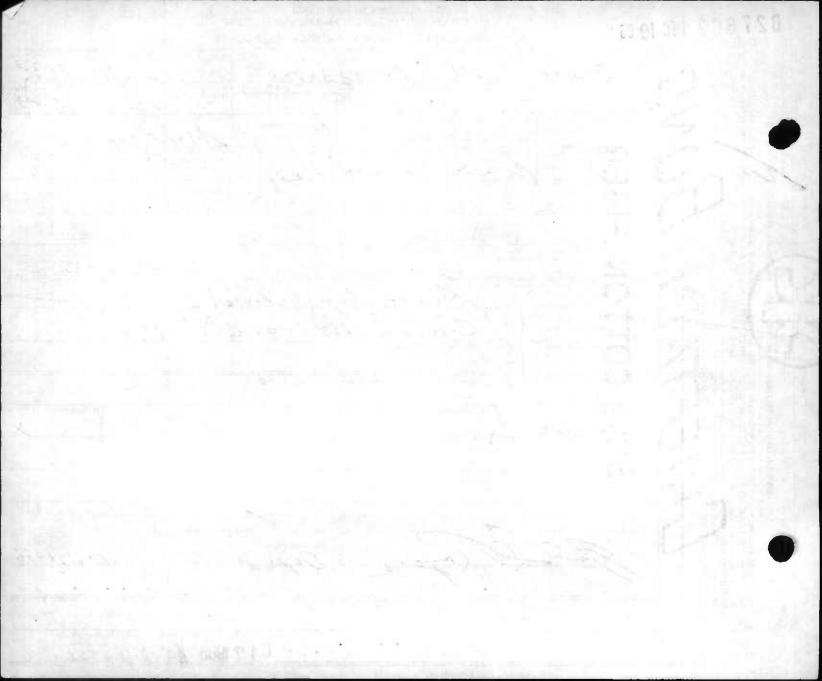
23g BURIAL CREMATION REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

23d. LOCATION Montgomery Rockville

Mď.

Himes/Rinaldi Funeral Home 11800 N.H. Ave. Md.



126160 DEC

STATE OF MARYLAND

	OFOR - STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	
	1. DECEASED NAME (TYPE OR PRINT) SARAH	NORENA	PRICE	2ª DATE OF DEATH MONTH DEC.	1, 1986 12 NOW
	3. SEX 4.	NHITE	S. DATE OF BIRTH MONTH MARCH 3 190	6 AGE (IN YEARS LAST BIRTHDAY) YR:	MONTHS DAYS HOURS MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) WASHINGTON D.C	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED M DIVORCED	9 BALTIMORE CITY OR COUNTY OF COUNTY	
)	ROCK VILLE	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A / 380/ DRAM	G HOME OR OTHER INSTITUTION ADDRESS) KE DRIVE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAICEL	
			YES NO	13801 DRAK	
	ALBELT 14	BURDETT	15. MOTHER'S MAIDEN FIRST ANNIE	MIDDLE	HAMPTON
	16a WAS DECEASED EVER IN U.S. ARMI (YES, NOOR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECUR WAR OR DATES) 579-22-9	9011 SOUN O.	KENNEDY, 13801 L	PRAKE DRIVE
	18. CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE	BY: BOA	ciratory for	elure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MULLULLY
	Conditions, if any, which gave rise to immediate cause (a), stafing the underlying cause lost.	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUE	gailurg	,	3-4lays
		NOTIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
	Face make 190. DATE OF OPERATION	19b. CONDITION FOR WHICH (OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTION C CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.		CURRED (ENTER NATURE OF INJURY IN HEM	IB PART I OR PART 2)
	21d. IN JURY OCCURRED NOT WHILE AL WORK	21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did nat)	11/28 199	and that in (my) (our) api	nion death occurred an the date and	, 19 , that (I) (we) last haur and from the couses stated

4323 Havard Street, silver Spring, Md. 20906

Richard P. Delaney, M.D. 23a. BURIAL, CREMATION, REMOVAL 236. DATE

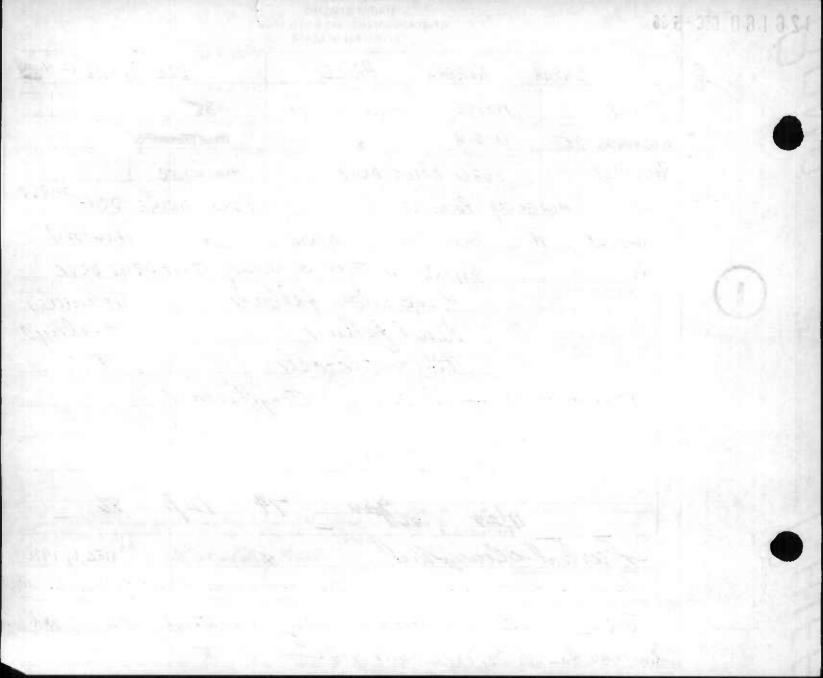
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

WPORTANT, If He

DEC 3 1986 Alia Deviden Render

22c. DATE SIGNED



027

an ond completely filled in by the funeral directar, page 3 - Poges 1 and 2 should be filed within 72 hours of entheith

death certificate be executed within 24 hours ofter death. Page 4 may be

1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND ME CERTIFICATE OF DEA		REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF		DAY YEAR 2b. HOUR
2	MAR	THA A.	PROCTOR	De	LEMBER 10	0. 1986 1:2
3°5E		4. RACE	5. DATE OF BIRTH	6. AGE (IN Y		IF UNDER 1 YEAR IF UNDER 24
	FEMALE	WHITE	MAY 25	1891	95 YRS	DATS HOURS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MA	RRIED 9 BALTIMO	RE CITY OR COUNTY	OF DEATH
	VIRGINIA	USA	WIDOWED DIVO	RCED MON	GOMERU	COUNTY
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTE STREET ADDRESS)		DCCUPATION FOR MOST OF WORKING LIFE	126 KIND OF BUSINES
	LVER SPING	How Cro	SS HOSPITAL		MEMAKER	HOME
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 13c. CITY OR		1 -	ADDRESS / ZIP CODE	
	MARYLAND MON	JIGOMERY SIWE	- 01/4/05		OUTHWEST !	DR. 2091
14. FA	ATHER'S NAME	MIDDLE	15. MOTHER'S M	ST	MIDDLE	LAST
	ALBERT	M. TE		4RY	-	LAWSON
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL	SECURITY NO. 17 INFORMANT		ADDRESS	SIWER
		IONE 578-0	01-2155 CHARLES	M. PROCTOR	429 SOUTHW	lest DR M
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF	soldio cos	ueul des	5 cg
ICATION	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	Criscleson G		PSY? 20b. IF YES	EN IN PART I IO , WERE FINDINGS USED YING CAUSES OF DEATH
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WEDICAL WEDICAL	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (HE EITHER NOTHEY MEDICAL EXAMIN AL WORK AL WORK AL WORK AL WORK AL WORK AL WORK AL WORK AL WORK 22a. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did not 22b. SIGNATURE	DUE TO, OR AS A CONS CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216, TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF DOLLY IN THE BODY ofter death) OR PRINT) OR PRINT) OR PRINT)	FFICE, FARM, ETC.) DEGREE ATT DEGREE ATT PH' 121e. HOW INJU STREET TO DEATH BUT NOT RELATED TO	RY OCCURRED (ENTER NA 19 86 ur) apinian death occurre ENDING MEDICAT YSICIAN DARECTOR HOREFIELD & EMATORY 23d LOCA CITY	20b. IF YES IN CERTIFY YES TURE OF INJURY IN ITEM 18 P. THE COST IN	WERE FINDINGS USED YING CAUSES OF DEATH S NO ART LOR PART ?) STANDART LOR PART ?) STANDART LOR PART ?) STANDART LOR PART ?) STANDART LOR PART ?)

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNDRAL HOME

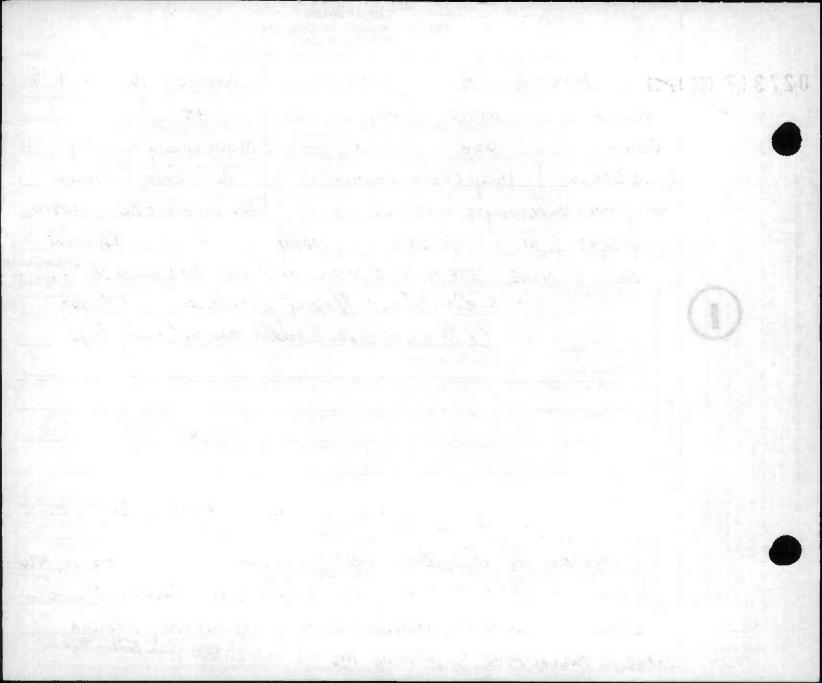
TO FUNERAL DIRECTOR. After this carefucate has been signed by the a should be detached for use as the burial-mansh permit. Then please remo-with the State Dept. of Health and Mental Hygiene prior to burial, cremat

ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician



irs ofter death

STATE OF MARYLAND

9	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	
	DECEASED NAME PRINTI Jose	PU/1) Quinones	2R DATE OF DEATH MONTH D	2-26 216 PM	
3. 5	sex Male	RACE Hispa	anic 5. DATE (53 YRS.	R UNDER 1 YEAR R UNDER 2.1 HRS
7r.	Puerto Rico	T.S.A	A WIDOWI		9 BALTIMORE CITY OR COUNTY Montgomery	7 Co., MD
1	Silver Spring	Holy	HOSPITAL, NURSING HOME OF THE FACILITY, GIVE STREET ADDRESS! Y Cross Hospit		12n USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE OWNER	12k KIND OF BUSINESS OR INDUSTRY Retail Store
13	Maryland Montg	Υ	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN SilverSpring	134 INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS / ZIP CODE 1445 Farmcrest	: Way 20904
n 14.	FATHER'S NAME FIRST Angel	DD4E	Quinones	15. MOTHER'S MAIDEN NA. Ana	MIDDLE	Sanchez
160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) NO	ED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 065-28-46,64	Maria Sanche	ghter-in-Law) z Same as	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	line for (a), (b), onder	Q		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO,	MAS A CONSEQUENCE OF	ocondial	infaction	HOURS
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, Q	RASA CONSEQUENCE OF	attoros	Wros	YeAR
200					AIN AL DISEASE OR CONDITION GIVI	•
NOITA DISITARION	19a DATE OF OPERATION		ITION FOR WHICH OPERATIO		YES NOW YES	
	THE COLUMN THE COLUMN TO SELECT OF SELECT	H	OF INJURY .M. MONTH DAY YEAR .M. 19		RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 7}
10277	OR CONTRIBUTING CASE OF BEAT IR EITHER NOTRY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	271 LOCATION STREET	CITY OR TOWN	COUNTY STATE
				7 -	14177	17-1

22x.1 certify that (1) this hospital) attended the deceased from saw the deceased alive on above (1) well did (did not) view the bady alia did the 22h. SIGNIATURE

DEGREE ATTENDING MD. 22e. ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (m) (our) opinion death occurred on the date and hour and from the causes stated

22c. DAJE SIGNER

090

236. BURIAL, CREMATION, REMOVAL (SPECRY) 23b. DATE

26 Dec. 86

734 NAME OF CEMETERY OR CREMATORY 734 LOCATION CHYOR TOWN
Fajardo Municipal Cemetery, Fajardo, 23c. NAME OF CEMETERY OR CREMATORY

Puerto Rico

BP. Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item shauld be detached for use as with the State Dept. of Health

C FUNERAL DIRECTOR:

etoined by the

HOSPITAL

Capitol Funeral Service

Falls Church, VA

70 0 E MIL C 0.0 2

A. A. E. Spile official Supplied the Mount of the Mount

ng cae. S guração Dumbei al deracory, Empurdo, compto Mao

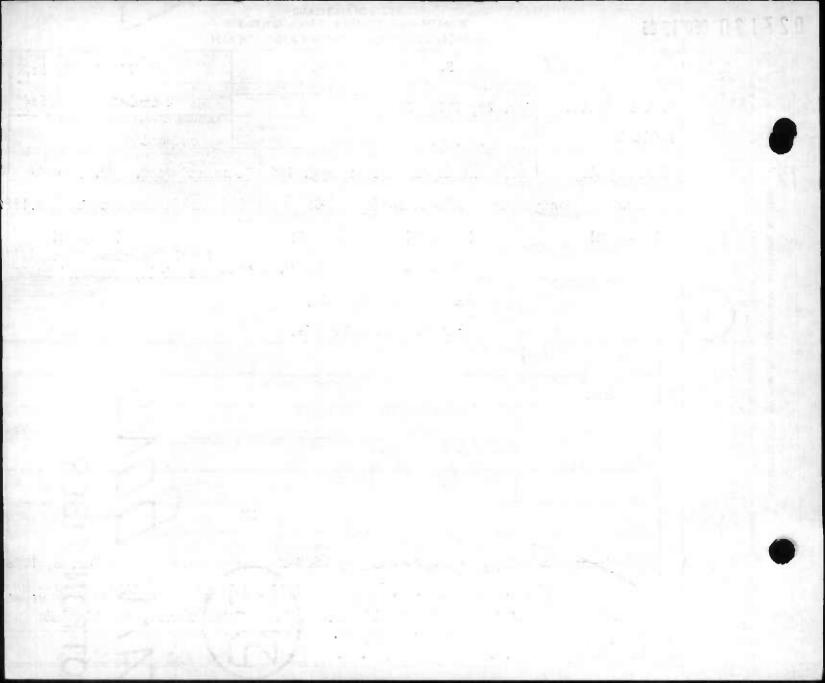
250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DONALDOMS STEIN HEBREW MEMORIAL FUNERAL HOME

232 CARROLL STREET. N.W. WASHINGTON, D. C.

DHMH - 17 (VR A15 ME (5))

20M 4/82



STATE OF MARYLAND REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR IF UNDER 1 YEAR AGE TIN YEARS LAST BIRTHDAY IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** 126 KIND OF BUSINESS OR Musician-Self Employed 13e STREET_ADDRESS / ZIP CODE MIDDLE McWilliams ADDRESS Peggy Rakestraw (Wife) Same as 13E APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 35 hrs THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20m AUTOPSY 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [] 21c. HOW INJURY OCCURRED (INTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) CITY OR TOWN COUNTY STATE PC , and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN

23a. BURIAL CREMATION, REMOVAL (SPECIFY) Burial

24. FUNERAL DIRECTOR

23L NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

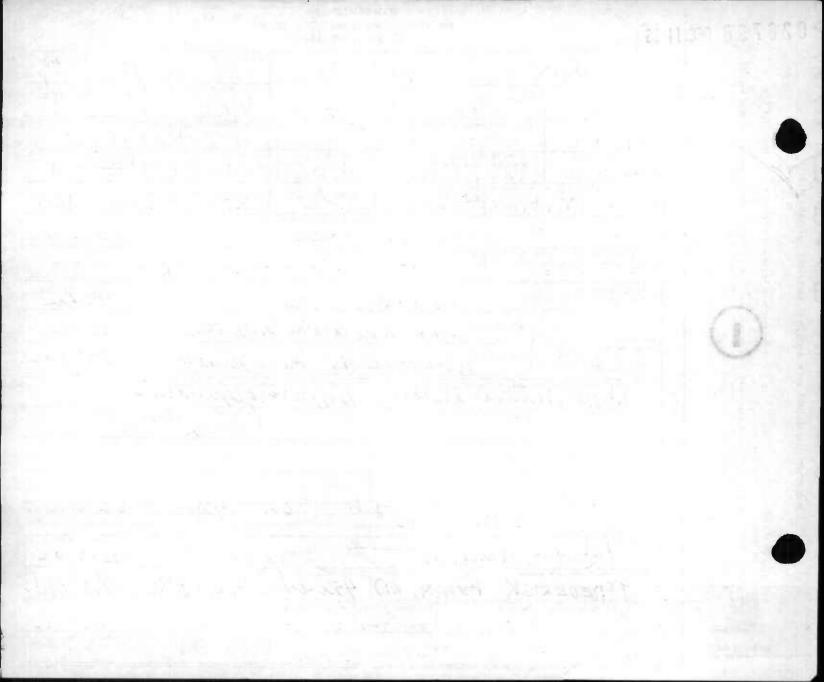
23d LOCATION CITY OR TOWN Rockville

Md. Mont.

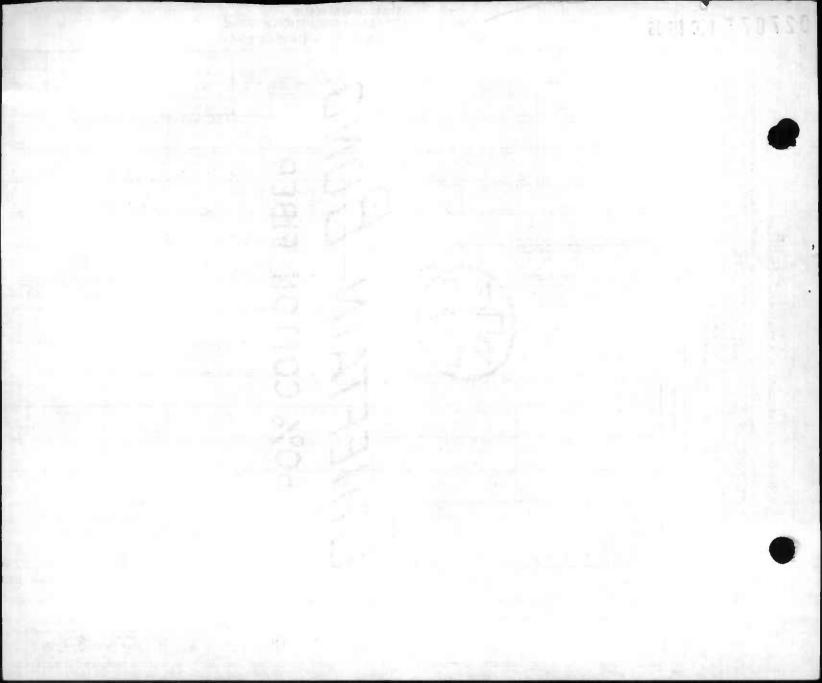
DHANH - 16 60M 7/84 (VRA 15, 4)

250. DATE PSCO. BY REGISTRARIZED REGISTRAR'S SIGNATURED

Hines/Rinaldi 11800 New Hamp. AgeS. S. Md



		DINAME	FIRST		MIDDLE	1	AST		e. DATE KNOWN		DAY YEAR	76 HOUR
N72 HOURS	TYPE OR PR	Pak	olo			Ran	nos		OF ESTI- DEATH MATED	□ 12	919 8	6 M
3.5	EX.	4 RACE	S. DA	TE OF BIRTH	6. AGE (IN				C DATE	MONTH	DAY YEAR	
	Mal		te 0	6-29-54	32 AT COUNTRY?	YRS.	DATS HOUR		DEAD	12	919 8	6 M
770.	BIRTHPL FOREIGN		7b. C1	TIZEN OF WHA	AT COUNTRY?	8 MARRIE	D NEVER M	ARRIEDXX	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
10	Phil	ippines TOWN OF DEATH	111.51	USA	ITAL, NURSING HO	WIDOWE		ORCED	Montgome			MD.
7			(1F	NOT IN SUCH FACE	LITY, GIVE STREET ADDRES	5)	KINSTITUTION	FORM	OST OF WORKING LIFE)		TOR OWN A	
W5	JAL RES	Ver Spring	HOME OR OTHER	INSTITUTION, GIVE		SSION)			pping/Rec	Cler	k Somme	rville
911	STATE	200417	COUNTY		13c. CITY OR TOWN		YES THE NO		et address 213 Prelu	do Cou	rt	
H	FATHER	S NAME	ontgom		Silver S	pring	15 MOTHER'S M			ide cou		
V		rminio V.	Pamas		LAST	-	FIRST		G. Garcia		LAST	
160	WASD	ECEASED EVER IN U	I.S. ARMED FO	DRCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT	Lencie	ADDRE			
_		lo III	N/A	UNIES	220-08-66	596	Mr. Li	to Barb	a (Same a	s #13)		
F	18 0	AUSE OF DEATH (E	nter only one	couse per line f	or (o), (b), and (c).)						APPROXIMA	TE INTERVAL
		ART I DEATH WAS	CAUSED BY: MEDIATE CAU	ISE (a)	Probable	card	iac ar:	rhythm	ia		0.000	ET AIND DE AIII
A COLON	1/	771	(S A CONSEQUENC	E OF	40		-			
		Conditions, if any,		(b)								
		cause (a) stating the		DUE TO, OR A	S A CONSEQUENC	E OF						
Table And And And And And And And And And And		ying couse lost.		(c)				¥.				
2	PART	OTHER SIGNIFICANT CON	OITIONS CONTRIB	(<)	T NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN	IN PART 1:0			1	
TION	PART	OTHER SIGNIFICANT CON						IN PART 1 (a)			In Aurons	w2
FICATION	PART				ON FOR WHICH OP			IN PART 1 (a)			2D AUTOPS	
Z Z Z	PART	OTHER SIGNIFICANT CON	N	196 CONDITION	ON FOR WHICH OP	ERATION WA	S PERFORMED?		ature of injury in item	TS PART I OR PAR	YES 🗌	Y? NO [X]
A) CEPTIFICATION	PART	OATE OF OPERATION EXTERNAL CAUSE WE SELYING	N /AS	19b CONDITION 21b TIME OF I HOUR A.M.	ON FOR WHICH OP NJURY MONTH DAY YE	ERATION WA	S PERFORMED?		ature of injury in item	IS PART I OR PAR	YES 🗌	
COLOR CERTIFICATION	PART	OTHER SIGNIFICANT CON	N /AS	196 CONDITION 216 TIME OF I HOUR A.M. P.M. 21e PLACE OF	DN FOR WHICH OP	AR 21t. HO	IS PERFORMED? W INJURY OCCU		ature of injury in item	IS PART I OR PAR	YES 🗌	
MEDICAL CENTRICATION	21a E UND CON 21d I WHI	OTHER SIGNIFICANT CON OTHER SIGNIFICANT CON	N /AS SE OF DEATH	196 CONDITION 216 TIME OF I HOUR A.M. P.M. 21e PLACE OF	DN FOR WHICH OP NJURY MONTH DAY YE	AR 21t. HO	S PERFORMED?		ATURE OF INJURY IN ITEM	TS PART I OR PAR	YES [
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MEDICAL CERTIFICATION	210 E UND CON 21d I WHI AT V	OATE OF OPERATION EXTERNAL CAUSE WATERING OR TRIBUTING CAUSTONIUS OCCURRED LE NOT WHITE AT WORK OR L Certify that I tool	N VAS SE OF DEATH ILE k charge of the	19b CONDITION 21b TIME OF I HOUR A.M. P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YE 19 FINJURY (ATHOME, RY, FARM, ETC.)	AR 21c. HO 21f. LOC ST	W INJURY OCCU	JRRED (ENTER N	CITY OR TOWN		YES T	но 🛭
Menical Ceptienation	210 E UND CON 21d I WHI AT V	OTHER SIGNIFICANT CON CATE OF OPERATION EXTERNAL CAUSE WE CAUSE WE CAUSE WE CAUSE WE CAUSE WITH CONTROL CAUSE WE WE CAUSE WE CAUSE WE CAUSE WE CAUSE WE CA	VAS SE OF DEATH	19b CONDITION 21b TIME OF I HOUR A.M. P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YE 19 FINJURY (ATHOME, RY, FARM, ETC.)	AR 216. HO	W INJURY OCCU	URRED (ENTER N	CITY OR TOWN	COU	YES T	но 🛭
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Menical Ceptification	PART 19a. I 21a E UND 21d I WHII AT V 2 dec	COTHER SIGNIFICANT CONDITION OF COMMERCIAL CAUSE WE ERLYING OR TRIBUTING CAUSE WITH COMMERCIAL CAUSE WE CAUSE WITH COMMERCIAL CAUSE WITH COMMERCIAL CAUSE WITH COMMERCIAL CAUSE WE CAUSE WITH COMMERCIAL CAUSE WITH CAUSE WITH COMMERCIAL CAUSE WITH CAUSE WITH COMMERCIAL CAUSE WITH CAUSE WI	N VAS SE OF DEATH ILE k charge of the	19b CONDITION 21b TIME OF I HOUR A.M. P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YE 19 FINJURY (ATHOME, RY, FARM, ETC.)	AR 21c. HO 21f. LOC ST	W INJURY OCCU	JRRED (ENTER N	Inquiry, rmined monner	ond in my opi]. DATE SIGNEI	YES	NO (X)
ASDICAL CESTIFICATION	PART 19a. I 21a E CON CON 21d I WHI AT V 2 dec ACTI SIGN	OATE OF OPERATION EXTERNAL CAUSE WE CALLYING OR TRIBUTING CAUSTON NJURY OCCURRED LE NOT WHIT AT WORK O Lecrify that I tool the resulted from:	N SE OF DEATH	19b CONDITION 21b TIME OF I HOUR A.M. P.M. 21e PLACE OF STREET, FACTO e remoins descr	NJURY MONTH DAY YE 19 FINJURY (ATHOME, RY, FARM, ETC.)	AR 21t. HO 21f. LOC ST Autops: Autops	ATION REEI Homicide TITLE (SPECIFY) ASSIST	JRRED (ENTER N	Inquiry, rmined monner	ond in my opi	YES	NO (X)
7	PART 190. I 210. E UND CON 21d I AT V 2 dec ACTI SIGN EXAM (TYPE	OTHER SIGNIFICANT CONDITION OF THE SIGNIFICAN	VAS SE OF DEATH LE k charge of the Notural cous Willi DVAL [23b DA]	21b TIME OF I HOUR A.M. P.M. 21e PLACE OF STREET, FACTO e remoins descr	DN FOR WHICH OP NJURY MONTH DAY YE 19 FINJURY (AT HOME. RY, FARM, ETC.) ibed above, held an Accident	21f. LOC ST Autops: 	ATION REET Momicide TITLE (SPECIF) ASSIST	urred (ENTER N ection	Inquiry, rmined monner	ond in my opi]. DATE SIGNEI	YES	NO (X)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

518	FOR 7STATE REGISTRAR		DE	PARTMENT OF H	EALTH AND MEN				~	
DE	CEASED NAME	PRST	WIDDLE	1	AST	T 4	REG. N 2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
-	T ON WRINITY	JACO		R	ANKOU	- 1	M DAIL OF BLAIN	12-2	7-86	55 AM
1.58	X		4. RACE	5. DATE C			AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
	MALE		CAUCASIA	NOV NOV		903	83	YRS.	ONIHS. DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR I	FOREIGN	7b. CITIZEN OF WHAT COL	INTRY?	D NEVER MAR	PIED 7	BALTIMORE CITY	R COUNTY C	OF DEATH	Links
	USSIA	3.6	U.S.A.	WIDOWE			11101110	rome	2111	TH/TICAD
10 5	TY OR TOWN OF DE	1	11. NAME OF HOSPITAL,	NURSING HOME C	OR OTHER INSTITU		THE OF WORL FOR WOSE	ON F WORKING LIFE)	12by India OF	ALLD.
4	XIIKOU	a	Musul	CUNT	70000	all	PHARMACI	ST (re	t) HOSP	ITALS
13a.	AT RESIDENCE IF HIP	13b. COUN	OTHER HITTIELE GAVE HISIDEN	CE BEFORE ADMISSION)	ITH INSIDE CITY	IMUTS? In	3e.STREET ADDRESS	/ ZIP CODE		
	MD.	122200000000000000000000000000000000000		OCKVILL	West (2012) 8-12-21-21-21			CKVIL	LE PK.	20852
14. F	ATHER'S NAME				15. MOTHER'S MA	IDEN NAME		<u> </u>		20052
	ABRAHAM	4	RANKO	TAT	VEL		MIDDLE		TZ N M T N 1	IETSKY
160 \	WAS DECEASED EVER	IN U.S. AR		AL SECURITY NO.	17 INFORMANT		ROCKVILL	SS DI		
(YES, NO OR UNKNOWN)	I FYES, GIV	WAR OR DATES)						ROCKV	TILLE MI
1	NO	IN	/A 112-	32-0895	MRS. E	STHER	RANKOW-	WIFE	•	
	18 CAUSE OF DEAT PART I, DEATH W		y one couse per line for (o),	(b), and (c).)	1 -				BETWEEN ON	NATE INTERVAL NSET AND DEATH
	PARTI. DEATH W		E CAUSE (o)	ROIDE	KREET				45.	m, ret
ZO	Conditions, if ony, gove rise to improve lot, static underlying couse PART 2 OTHER SIGN	mediate ng the last.	DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTIN	Truoscle.	0/2 /	too-1	OI SPAFE TAL DISEASE OR COM	AL + of A	IN PART 10	2for
MEDICAL CERTIFICATION	19a. DATE OF OPERA	TION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORME	D	28a AUTOPSY?		WERE FINDING	
ERI	21g. ACCIDENT WAS UNI	DERLYING [216. TIME OF INJURY		21c, HOW INJUR	Y OCCURREI	D (ENTER NATURE OF INJU			
1	OR CONTRIBUTING	CAUSE OF DEA		TH DAY YEAR						
2	(IF EITHER, NOTIFY MEDI			19	21f. LOCATION					
MED	21d. INJURY OCCUR		21e. PLACE OF INJURY (A1 HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET		CITY OR TO)WN	COUNTY	STATE
			ol) ottended the deceased	from 19	80	9	to bec.	19	86 1	nov (I) (we) lost
	sow the decease	ed alive on	12-27	19 86 01	nd that in (my) Jour) opinion de	oth occurred on the o	ate and hour o	and from the co	
	22h SIGNATURE	did Idid oo) view the body ofter death		DEGREE				22c DATES	
	110 3101111014	1	0 9-	1194	1110	NDING -	MEDICAL STA	FF	11/2	2/0/
	7	jou	1 /0	Corw	PHY		DIRECTOR PHYSI		10/2	1186
	THE PHYSICIAN'S P	AME TYPE O	11 the	MA	22e ADDRESS	322	5 POOKS	FICE 1	Capp	n
0.0	DW.	11-	THURITO	(-1)-		12010	LOSDA ,	usi.	100	(4
23a	BURIAL, CREMATION, (SPECIFY)		23b. DATE	23¢ NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BURIAL	J	12-28-86	JUDEA	AN MEM.	GDNS	OLN	EY MD.		
n. c	DANZANSI	KY-GC	LDBERG MEM	CHPS I	NC	DEC.	REC'D. BY REGISTRAF		AR'S SIGNATU	

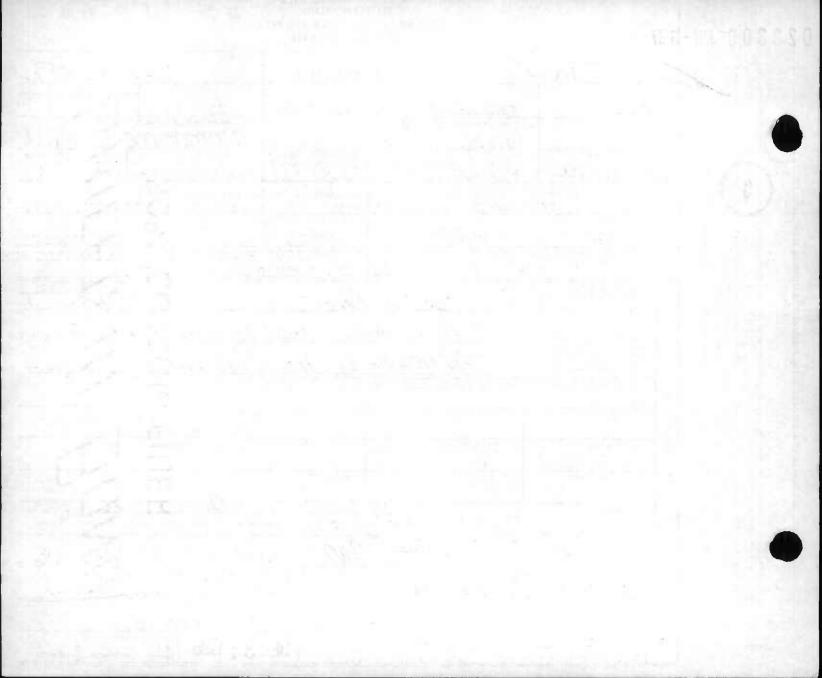
DHMH - 16 60M (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the hospital ar attending physician.

IMPORTANT: If Hem 21 is marked ar Hem 18 shows



027871		Gr23 86 state registrar Floernce	C. Read	The second second	NENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH		3 3 7 0 3	
		CEASED NAME FIRST		MIDDLE		AST	REG. NO.	NONTH DAY YEAR 26. HOUR	P
by be	/	Flores		· F	76+	1 D	12-15-	TOG	M
A 4 4	3 SEX	'emale	4 RACE		5. DATE C	8, 1902 PAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN	
	7a. BII	RTHPLACE / STATE OR FORFIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
Georgia 22		AUNTRY)	U.S.A		WIDOWE	DIVORCED	<u> </u>	stacmery,	MD.
by the filed w		BETHESDG	SUF MOT IN SUC	SUY DOLL	DORESS	OS p'ital	126 USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF V Homemaker	WORKING LIFE) INDUSTRY)R
133	USU A 13a S	AL RESIDENCE (IF NURSING HOME OF TATE NO MON	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Chevy (hase chase	134 INSIDE CITY LIMITS YES AO	6905 Map	ZIP CODE le Ave. 20815	
12/50	I4 FA	THER'S NAME FIRST John Carter	WIDDLE	LAST		15. MOTHER'S MAIDEN	MIDDLE	Moser	
(M)		VAS DECEASED EVER IN U.S. A LES. NO OR UNKNOWN) (IF YES G	RMED FORCES?	577-84-4		Joan R. C	ADDRES Alhoun 560 Tim	ber Lane Devon, PA	_
7		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly one cause per ED BY ATE CAUSE (a)	line for (a), (b), and	e e	Rulman	ash from	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	тн
ast the death ce by the attending size remove carbo i. cremation, or or other traumatic i		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last	(b)_	R AS A CONSEQUE	Etu	EMP (1: Males	ble	
Then plan to burio	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CONDI	ITION GIVEN IN PART 110	
1100	CERTIFICATI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
CIAN T	-	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	HOUR A	DE INJURY .M. MONTH DA M.	Y YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)	
offerhits offerhits of the bu-	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE F	ARM ETC)	21f. LOCATION STREET	CITY OR TOWN	N COUNTY STATE	
TENDIN prod or TOR At for our o of Health		220. certify that (1) (this hasp saw the deceased alive o above, (1) (we) (did) (did n	n	19	56.00	nd that in (my) (our) opin	nian death occurred an the date	e and haur and from the causes stoted	ost
At Off A the hos At Diffect denoched one Dept		22b. SIGNATURE	en o	· Van	M	DEGREE ATTENDIN PHYSICIA	G MEDICAL STAFF		6.
D HOSPITA Dained by O FUNERA hould be de inh the Stot		224 PHYSICIAN'S NAME (TYPE	OR PRINT	HIRN	EY	20428	Consenta	801 mo.	
BP	(URIAL, CREMATION, REMOVA SPECIFY CREMATION	12-17	7-86 M		emetery or cremato	tory Alexandri	a, VA COUNTY STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	NERAL DIJ 658 ph Gav 5130 WI Ave	vler's S NW Was	ons, Inc.	016		DATE REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIGNATURE Julia Devidson Com	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG	NC

26 HOUR

126. KIND OF BUSINESS OR PAPPLIANCES

IF UNDER 24 HRS

be 3 eath		DONALD	MER	RADITH	REE	DY	DECEMBER 25,	1986	9:50	
ge 4 may ector. pa	3. 5	MALE	4. RACE WHITE		5. DATE C	F BIRTH TEMBER 23, 1933	6 AGE (IN YEARS LAST BIRTHDAY) 53	MONTHS DAYS		
death. Po)	BIRTHPLACE (STATE OR FOREIGN WEST VIRGINIA	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OR COU! MONTGOMERY	NTY OF DEATH		
by the fi	1	WHEATON	"3316"	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUT		R OTHER INSTITUTION	120. USUAL OCCUPATION (TSELF REMPLOYED LIFE) 126. KIND OF BUSIN			
in 24 hour	13		ITGOMERY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN WHEATON	ADMISSION)		130 STREET ADDRESS ZZIP CO 3316 BERET LA	RNE 2	20906	
ompletely ompletely ompletely ompletely	0		IARD	REEDY		NELLY	KATHERINE	MERA	(DITH	
be execu an and co	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU 464-46-		MARGARET RE	EDY, WIFE, SAME			
ertificate a nhysici can paper manoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per ED BY: ATE CAUSE (a)	SMALL CEL	L LUN	G CARCINOMA	METASTATIC.		XIMATE INTERVAL LONSET AND DEA LONTHS	
that the death c d by the offending ease remove can all create an en- ar ather manner) =32 =4	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	R AS A CONSEQUE						
equires in signer or signer or to bury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	NIC.	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	0	
The law rian. In has been it permit.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO X	YES, WERE FIND RTIFYING CAUSE YES [NGS USED S OF DEATH?	
SICIAN: 1 ng physic certificate rial-trans ental Hyg	EDICAL CE	OR CONTRIBUTING CAUSE OF D	HOUR A.	DF INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)		
attendir other this os the bu h and M	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REE1, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
ATTENDII spirtal ar CTOR: A I far use of Healt		22a I certify that (I) (this has sow the deceased alive a	DECEMB	ER 18 19 8	MAY 56		death occurred on the date and		, that (I) (we) I e causes stated	
y the har y the har y the har RAL DIRECT detached detached that Ut. If them		224 SIGNATURE	elle)	0.		MEDICAL STAFF DIRECTOR PHYSICIAN		/26/86	
S S S S S S S S S S S S S S S S S S S	/	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				

JEAN VIALLET, M.D.

23a. BURIAL, CREMATION, REMOVAL

(SPECIF BURIAL 12/27/86 SILVER SPRING, MARYLAND GATE OF HEAVEN CEMETERY 1804 T ST., N.W., WASHINGTON, D.C. 20009

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

(VRA 15, 4)

dia Devidon Pandalle

NAVAL HOSPITAL, BETHESDA MARYLAND

Street and Total of the

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (par) apinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED be deta e State [IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ild E 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE CITY OF TOW (SPECIFY) STATE MONTEFIORE CEM 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DAMZANSKY-GOLDBERG DHMH - 16 50M 4/B2 Dandson Pandale (VRA 15, 4)

26 HOUR

126 KIND OF BUSINESS OR

LAST

IF UNDER 24 HRS.

ROCKVIL

IF UNDER 1 YEAR

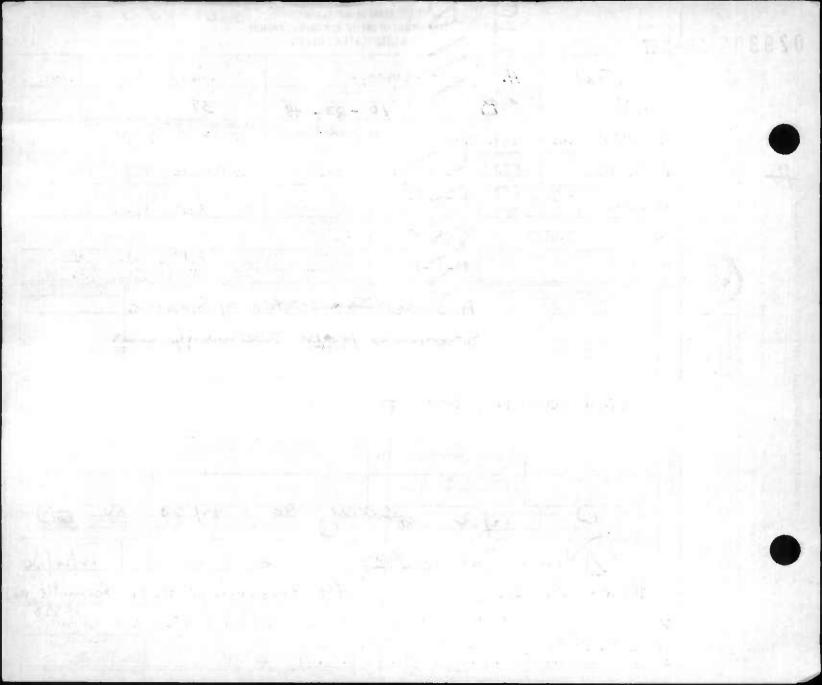
INDUSTRY

SAMUEL RESHIELK STELLING LE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or offending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician in the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove carbon in the first of a solid be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaining the state of the state of them 18 shows and single or other trainmake for them 18 shows and single of them 18 shows and single of them 18 shows and single of them 18 shows and single or other trainmake or them 18 shows and single or other trainmake or them 18 shows and single or other trainmake or them.	JA		urs ofter death	rector, page 3 (C)	3	9	2	0
PITAL OR ATTENDING PHYSIC by the hospital or attending UERAL DIRECTOR. After this cere detached for use as the burior state Dept. of Health and Menister Mant. It hem? 1 is marked or hear		with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaining	be detoched for use as the burial-transit permit. Then please remave carban arbett when I and 2 should be filed within 72 hou	JERAL DIRECTOR. After this certificate hos been signed by the offending properties ampletely filled in by the funeral dire	retained by the hospital or ottending physician.	PITAL OR ATTENDING PHYSICIAN: The low consistent the death conficue to execute the within 24 hours often death Prof.	14	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21291

N	10	FOR STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	3 5 9	1 4.
14	1. DEC	CEASED NAME FIRST	MIDDLE		AST		ONTH DAY YEAR	26 HOUR
		Joel		SNICO	off	12/28,	1986	1410 M
		ALE	4 RACE WHITE	5. DATE C	DAY YEAR_	6 AGE (IN YEARS LAST BIRTH	MONTHS DAY	
7	WA	ASHINGTON D.C.	76. CITIZEN OF WHAT COUNTRY? U. S. A.	WIDOW		9 BALTIMORE CITY OR MONTGOMERY		MD.
/	TA	AKOMA PARK	WASHINGTON WADVE	NTIS		120 USUAL OCCUPATION (I COMMERCIAL		OF BUSINESS OR
5	INF	GEOR	GE'S GIVE RESIDENCE BEFORE	LE	YESXX NO 🗌	13e.STREET ADDRESS / 2214 BANNI		20783
4		ATHER'S NAME ACK FIRST IRWII	MIDDLE RESNICOFI	=	BLANCHE	WIOOFE		LAST
R	NC NC	VAS DECEASED EVER IN U.S. AR, IS, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECUR E WAR OR DATES) 220-48-15		ARNOLD RESI		^S BANNING P TSVILLE, M	LACE ARYLAND
	CERTIFICATION		DUE TO, OR AS A CONSEQUE (b) DISSENT H DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D (D) CONDITION FOR WHICH (C)	NCE OF	umprig	MSECUBSIS (ITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
<	RTIF					YES NO	YES 🗌	NO 🗌
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY	19	21t HOW INJURY OCCURR			
	W	WHILE NOT WHILE AT WORK	[AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TOW	N COUNTY	STATE
		saw the deceased alive an	tal) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	60_ , or	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	medical STAFF	22c DA	ne couses stated
		PART BO	R PRINT)		14800 PAIS	/	.1 0	awille, w
	BL	BURIAL, CREMATION, REMOVAL IRTAL	12/30/1986 MOL	INT A	EMETERY OR CREMATORY RARAT CEMETERY		LE, LONG I	
			HEBREW MEMORIAL I ET, N. W., WASHII			REC'D. BY REGISTRAR 2 2 1987 Julia	Sh. REGISTRAR'S SING	WURUKK

DHMH - 16 60M 7/84 (VRA 15, 4)



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State of the state

after death

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shalld be it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

injury, or other traumotic event, the

MPORTANT. If Hem 21 is morked or Item 18 shows any

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1-12-15					

11	h	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE O O	3 3	7	-1
1 2		EASED NAME FIRST	MIDDLE		AST		MONTH DAY	YEAR 2	B HOUR
		nfant) William	nu L		ardsonIII	1	2-5-	- 86	1030
	3. SEX		4. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT			F UNDER 24 HRS
3	1	make	white	HINOM	5 86	0	YRS O	DAYS	0 52
l.		RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COU	NTRY? 8.	□ NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF D	EATH	
Ž.	1	maryland	U.SA.	WIDOWE		mon	it go me		MD.
X	10. CT	TY OR TOWNLOF DEATH	11. NAME OF HOSPITAL, N HE NOT IN SUCH FACILITY, GIVE HOLU COSS		rother institution	TYPE OF WORK FOR MOST O		DUSTRY	WE
7	USU A 13a. S		other institution give residence ity 13c, CITY OF Whe a	E BEFORE ADMISSION) R TOWN R TON	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE ewood Re		
1		THER'S NAME 	Tchardson Ji	۲.	15. MOTHER'S MAIDEN NAM Kathleen	C . MIDDLE	Chat	ters	
1		VAS DECEASED EVER IN U.S. ARA	E WAR OR DATES)	L SECURITY NO.	WiftMism A. 1 11604 Idlewo			2090	6
	1111111	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT) Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CON	nirator	y failur	e lasia		APPROXIMA BETWEEN ON	ATE INTERVAL
	TION	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	16 - redu IG TO DEATH BUT		nal disease or con			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	YES NO	206. IF YES, WER IN CERTIFYING YES		
Ī		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	216 HOW INJURY OCCURR	ED TENTER NATURE OF INJU	RY IN ITEM 18 PART I O	R PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn c	OUNIY	STATE
Ĭ		22a I certify that (I) (this hospit sow the deceased alive on above (II)(we) (did) (alid no	100	_19_86., or	5-86, 19 d that in (my) (our) opinion d	, to			
		276 SIGNATURE M. C. MAN 276 PHYSICIAN'S NAME (IVPE OF	cms.		ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	FF X	12-	5-86
		margare	et m.ch	ou	Holy Cros	ss Hosp	ital		
	B	SURIAL, CREMATION, REMOVAL	12/9/86	Gate o	EMETERY OR CREMATORY f Heaven Cem		spring;		
		JNERAT yson Wheel 31 Rockville P				EC 1 1 1986			Relace

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Truson Theeler Tuneral Home, Inc.

J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002

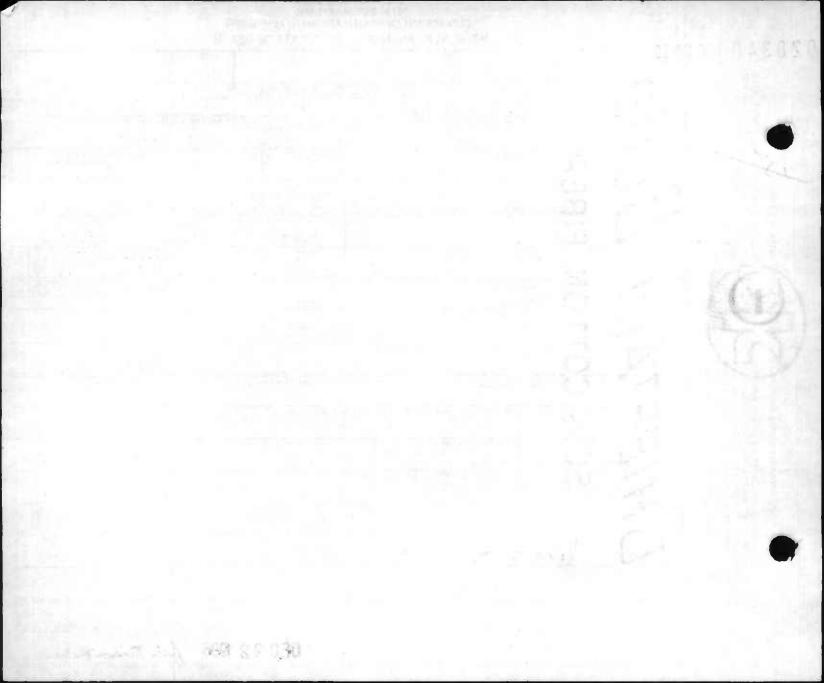
(VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECLASED NAME 20 DATE KNOWN X TYPE OR PRINT! RODRIGUES DEATH MATED 12-18-8610 THOMAS 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 2d HOUR DATE 12-18-8610 CaucasianOct. 22.1957 :24P 29 Male DEAD TO BIRTHPLACE (STATE OF Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) El Salvador El Salvador WIDOWED [DIVORCED L - Montgomery County IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK Lancas Tensiness Suburban Hospital LandscapesInc Bethesda Foreman. Silver Spring |13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | YES XI NO | 14207 Grand Pre Road Montgomery 20910 Maryland IS MOTHER'S MAIDEN NAME Heugebio Granados deGesus Rodriques Guana 17. INFORMANT father ADDREP 505 Elkin St. #103 16h SOCIAL SECURITY NO 212-96-1625 Heugebio H. Granados Wheaton, Md. 20902 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG F COWARDED TO THE COME TO THE COME AND THE STATE DEPARTMENT OF HEAT AND 21201 PROFIT OF BURNEY OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF T 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Ex 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) XOR UNDERLYING subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 5900 blk. Vandergrift Ave. Rockville, Md. WHILE AT WORK street TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALLIMORE, MARYLAND, 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Undetermined manner death resulted from Assistant 12-19-86 ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS. 111 Penn Street TYPE OR PRINT) 23g. BURIAL, CREMATION REMOVAL 23b. DATE 23d LOCATION Dec. 29. 1986 Usulutan Cemetery ElSalvadore El Salvadore Burial 07/84 Francis J. Callins, Jr. **DHMH - 17**

500 University Blvd. West. Silver Spring

(VR A15 ME (5))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO					
		CEASED NAME FIRST	MIDDLE			20 DATE OF DEATH MONTH	DAY YEAR 26 HC	OUR			
5 1		MILLI) IC	Wines	150	3 . /	12		L:0G			
	3 SE		4 RACE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	DER 24 HRS S MIN.			
1		Female	White	Sept	. 8, 1889	97 YRS					
2		OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUN					
3	Virginia 10 CITY OR TOWN OF DEATH		U.S.A. WIDOWEXS DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		Montgomery County MI						
1					(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
_		Gaithersburg AL RESIDENCE (IF NURSING HOME OR	421 Christo		ve, #12	Housewife	Home	3			
5	43a. S	Md. Mont	NTY 13c CITY OR T			13e.STREET ADDRESS / ZIP CO 421 Christon	oher Ave. 2	20879			
12			MIDDLE LAST	nes	Nannie	Louise	Leonard				
Ĭ	160. V	VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS	74-858	17 INFORMANT dred	R. Baden (da Calvert Rd.	ughter)20	0772 Md			
1		8 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line far (a), (b)		1 2 1	= 2/1 =	APPROXIMATE IN BETWEEN ONSET AL	TERVAL ND DEATH			
Dua.			E CAUSE (a)	mall?	ed grani	o alion	year	20			
			DUE TO OR AS A CONSE	OUTHER OF	12 414.0	and man	Near	0			
		Canditions, if any, which gove rise to immediate	(b)	V	murus	o wood	The state of				
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF			8 1 1				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
	NO.	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BOT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART TO				
1	CAT	190 DATE OF OPERATION	196 CONDITION FOR WH	OR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
~	E	Edicarie 786 In					YES NO YES NO				
0	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	3 PART 1 OR PART 2)				
7	3	(IF EITHER NOTIFY MEDICAL EXAMINER	ATT	19				. =			
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
	1	AT WORK NOT WHILE AT WORK				0 +					
		220.1 certify that (1) (this hospital) attended the disceased from									
		above, (lijer i gid) jad na	I) view the body after death.			death occurred an the date and h	aur and fram the causes	stated			
		DEGREE ATTENDING MEDICAL STAFF									
_		THE PHYSICIAN'S NAME (TYPE)	NA	m	PHYSICIAN [DIRECTOR PHYSICIAN	11/11/2				
1		ARRAHAM	W.D ANI	SH	1106 SPRIN	5 ST . SILVER	SPRING	no			
_	23a E	BURIAL, CREMATION, REMOVAL		31. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE			
		Burial	12/17/86	Cedar	Hill Cem.		Maryland				
7/84	24 F	JNERAL DIRECTOR ON Who	eeler Funera	1 Home	Inc. 250. DAT	E REC'D. BY REGISTRAR 256 REGI	STRAR'S-SIGNATURE	905			
	13	31 Rockville	Pike Rockvi	lle, M	ld. 20852 [JEU 1 9 1500 / 100	in Deviloring Rom	Was.			

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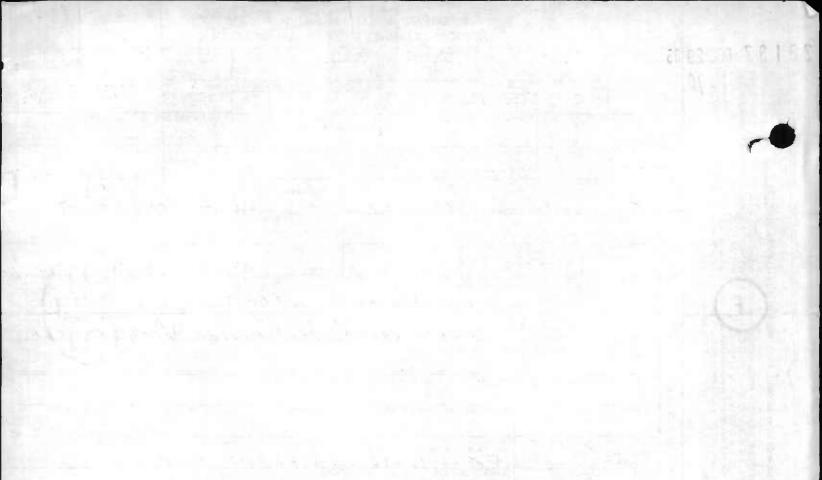
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Total Committee

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Arlington Funeral Home, 3901 N. Fx. Dr., Arl. yav FC

DHMH - 17 (VR A15 ME (5))



018	STATE			DEFARI		ICATE OF DEATH	. n i Oici	REG. NO).			
		-IRST	A	MIDDIE	1	AST .	2	a. DATE OF DEATH	HINON	DAY YEAR	26 HOUR	R
(TYPE	OR PRINT)	PATRI	CIA AN	NN RC	SCIAM		1	DECEMBER O	5, 19	86	6:54	4 M
3. SEX	X	4	RACE		5. DATE C			AGE (IN YEARS LAST BIRTI	IDAY)	MONTHS DAYS	HOURS	24 HRS
F	EMALE		CAUCAS	I.AN	JUNE	21°, 1945°		41	YRS.	MONTHS DAYS	HOURS	M IN.
	RTHPLACE (STATE OR FORE	EIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	77	9	BALTIMORE CITY OF		Y OF DEATH		
W.	ISCONSIN	1	nited S	States	WIDOWE	D NEVER MARRIED		MONTGOMERY	Y Co	unty,		MD.
10. CI	TY OR TOWN OF DEATH		1. NAME OF	OSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	v 12	a. USUAL OCCUPATIO	N	12b. KIND C	OF BUSINE	
	ETHESDA			NAVAL HOS			ſ	HOMEMAKER	WORKING LI		Home	
	AL RESIDENCE (IF NURSING	HOME OR O		GIVE RESIDENCE BEFOR		138. INSIDE CITY LIMIT	TS? 113	e.STREET ADDRESS /	ZIP COD	E		
M	ARYLAND	MONT	GOMERY	ROCKVII		YES X NO 🗆		7512 NUTWO	DD CC	OURT 20	855	
	THER'S NAME		DDIE	1451		15 MOTHER'S MAIDEN		MIDDLE		1.6	S.T	
F	REDERICK		W	LAABS	5	VEAR DEA	AN	711222		KRIÂ	EGER	
Ióa V	VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	SS			
N	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!	390-42-6	5415	CHARLES	J. 1	ROSCIAM, 7	512 N	UTWOOD	CT	
	18 CAUSE OF DEATH	Enter only	one couse per			RIAN PAPILLA		ROCKVILL	E, MI	APPROX BETWEEN	MATE INTER	VAI DEATH
	PART I. DEATH WAS	CAUSED	BY: M.	ETASTATI	COVAR	CIAN PAPILLA	ARY					
	IM	WEDIATE	CAUSE (0)	YSTADENO	CARCI	INOMA						
	No. of Contract of		DUE TO, OI	R AS A CONSEOU	ENCE OF							
	Conditions, if any, w		(b)									
	gove rise to immed couse (a), stating		DUETO	R AS A CONSEQU	ENCE OF					1		
	underlying couse	lost.	(6)									
	PART 2. OTHER SIGNIE	ICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR COND	ITION GI	VEN IN PART 1	0	_
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CERTIFICATION	190 DATE OF OPERATIO	N	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE FINDI		
띮								YES 🕅 NO		IFYING CAUSES	OF DEATH	
ER	21a. ACCIDENT WAS UNDER	LYING	216. TIME O	FINJURY		21¢ HOW INJURY OC	CCURRED	ENTER NATURE OF INJUR				
	OR CONTRIBUTING CAU	SE OF DEAT		M. MONTH D								
MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED		21e. PLACE		19	211 LOCATION						
¥	WHILE NOT WHILE			EET, FACTORY, OFFICE	FARM, ETC.)	STREET		CITY OR TOV	VΝ	COUNTY	\$1	TATE
	AT WORK AT WORK											
	22a.1 certify that (1) (th							to DECEMBE			that (I) (w	
	saw the deceased obove, (I) (we) idid	alive on	DOCEMBI	other death.	86	nd that in (my) (our) opi	inion dec	oth occurred on the do	te and ho	ur and from the	couses sto	ited
1.79	THE SIGNATURE	-				GREE				22c DATE	SIGNED	
700	- The	_ (-	-	ATTENDIN PHYSICIA		MEDICAL STAF		53	823	6
<	224 PHYSICIAN'S NAM					22e ADDRESS NAV	VAT. 1	HOSPITAL				
10	T. CARNEVA	ALE,	LT, MC	, USNR				DA, MD. 208	814-5	011		
23a E	BURIAL, CREMATION, RE	MOVAL	23b. DATE	123 -		T DET	.111101	23d LOCATION	717-3	011		
1	(SPECIFY)	MYONAL	l De	ec.	77.	11 (CITY OF TOWN		COUNTY	51	IATE
	Burial		10, 19	986 [Pi	ne Hi	11 Cemetery	DATE	Curtiss	ath pro-in		Lscon	sin_
	UNERAL DIRECTOR ROL						DE C	ANDE	DE REGIS	Deviden-	OKE	
30	O West Monts	gomer	y Ave.	Rockvill	Le. Ma	ryland	DEC	9 1986	julia d	Deproved - K		

DHMH - 16 60M 7/84

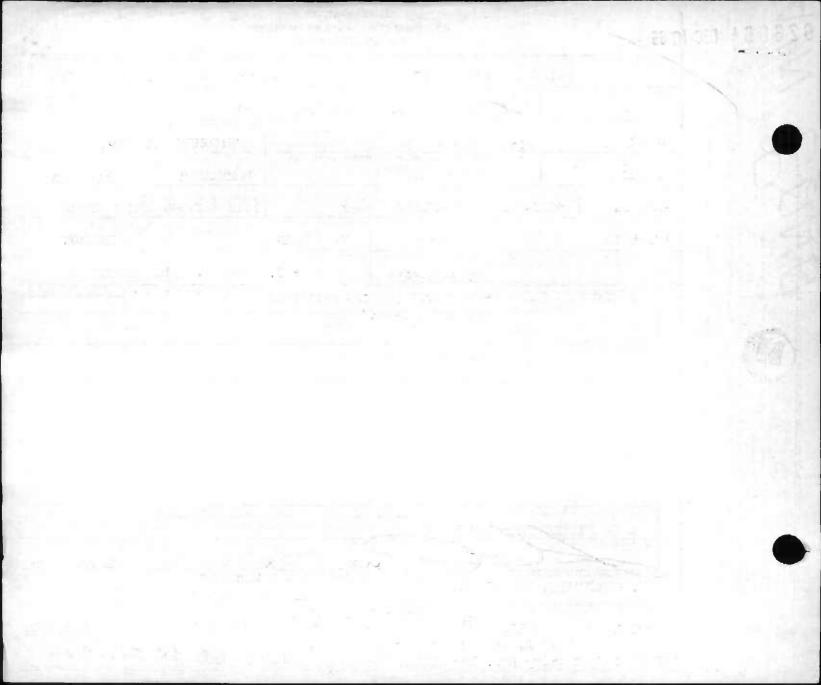
IMPORTANT: If Hem 21 is

(VRA 15, 4)

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BP

300 West Montgomery Ave. Rockville, Maryland 20850



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	ш со		E OR PRINT)	7	T	aul		-				OF ES	0 -		AT TEAR	2b HOUR
	EAS TOR TIES TOR	3. SE:		drew	ATE OF BIRTH		6. AGE (IN YEA		osenbl	latt IF UNDER 24		EATH MA		12-2	19 86	
	REC. PL	Ma		Ti	DA CHARLES	1969	LASTBUTHDA	Y) MONTH	S DAYS			DATE		30.0		5:00 P. M
	N N N N N N N N N N N N N N N N N N N		RTHPLACE (STATE OR		CITIZEN OF WH		YR			<u>i_</u>	VV 0 8	DEAD	CITY OR	COUNTY	19 86	р. м
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W. RESTON STREET.	FC	REIGN COUNTRY)	-			IKT	MARRI	ED NEV	VER MARRIED	^ <u>^</u> ' ' '		_			
	AND SO SO SO SO SO SO SO SO SO SO SO SO SO		shington, D.		U. S.		SINC HOME	WIDOW	ED L	DIVORCED	, _	Montg	omery	Coun	CY,	MD
5	PAGE PAGE		lney		IF NOT IN SUCH FAC	ILITY, GIVE ST	REET ADDRESS)			IION II				HA HA	or indust	ry
21201	AND 3 TO THE FUN AND 3 TO THE FUN RETAIN PAGE 5 F MOULD BENIED W RECORDS 201 W/F		AL RESIDENCE (IF IN NURSING TATE Aryland 13b	HOME OR OTH COUNTY ONGON					13d. INSIDE CI	ITY LIMITS? 1:	31 4 8 6 T	ADDRESS, Crock	ett 1	Lane	2096	4
MD.	NON	14. F	THER'S NAME	4410	DIE		467		15. MOTHE	R'S MAIDEN	NAME					/
E,	1888 E		Lee	MID	1.	Rose	enblat	t	Sh	aron		S.		5	termai	n
BALTIMORE, MD. 21201	JRS AFTER DEATH 3. GIVE PAGES I WITH CORN PAGE T. PAGES FAND DIVISION OF THE	16a. \ {Y	VAS DECEASED EVER IN U.	S. ARMED I S, GIVE WAR O							larsau			# 13)		
		1	18. CAUSE OF DEATH (En												APPROXIMATI	E INTERVAL T AND DEATH
N S	24 HOU ITEM 18 LONG V PERMIT SIENE, VAL.		PART I DEATH WAS C	EDIATE CA	USE (a) Gui	nshot	Wound	of (Chest		(rifle	e)				
STO	A A A A A A A A A A A A A A A A A A A			(
2	WITHIN NCIL IN INER AINER -	Canditions, if ony, gove rise to imme		(b)												
, 201 W.	CUTED W IN PEN EXAMI EXAMI RIAL - TE ID MENI		cause (a) stating the unline lying cause last.	onder-	DUE TO, OR	AS A CON	SEQUENCE C)F								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	JULD BE EXECUTED WITHIN 24 HOI "PENDING" IN PENCIL IN ITEM 1 IE MEDICAL EXAMINER ALONG SED AS A BURIAL - TRANSIT PERMI FHEALTH AND MENTAL HYGIENE. AL, CREMATION, OR REMOVAL.	NO	PART 2 DTHER SIGNIFICANT CONC	ITIDNS CONTRI	BUTING TO DEATH B	UT NDT RELAT	TED TO THE TERM	NAL DISEASE	DR CONDITION	GIVEN IN PART 1	1 · a ·					
1 2		CERTIFICATION	190. DATE OF OPERATION	10	19b. CONDIT	ION FOR V	WHICH OPER	ATION W	AS PERFOR	MED?				2	AUTOPSY'	?
Z X	CERTIFICATE SHOUL TING THE WORD "F DED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF H I PROR TO BURIAL,	E													YES 🔀	NO 🗆
9	A THE WEN THE		210. EXTERNAL CAUSE W	AS	11b. TIME OF HOUR XX		DAY YEAR	21c. HC	W INJURY	OCCURRED	(ENTER NATU	RE OF INJURY I	N ITEM 18 PAR	TT 1 OR PART 2)		
O	FE STATE	MEDICAL	CONTRIBUTING CAUS	E OF DEAT	7 4 4 4	12-	_ ,, ~	sul	oject	was sh	not					
N N	RETINGENT SEED SE 3 SE 3 SE 2 SE 2 SE 2 SE 2 SE 2 SE 2	WED	WHILE NOT WHILE	E XX	21e PLACE C	DRY, FARM, ET	c) in	5	TREET					COUNTY		STATE
	WAR WAR VAGI		AT WORK AT WORK	- AA	lin au	to-fr	ont of	15	<u>103 Ir</u>	nterlac	chen l	Dr.,S	ilver	Spri	ng, Mon	tgo-
	A S S S S S S S S S S S S S S S S S S S		220 I certify that I took	charge of t	he remains desc	ribed boy	ve, held an	Autops	у Х.	Inspection		nquiry	mery	CO.	Ma.	
	MINER: TEICATI BE FOR ECTOR: TH THE		death resulted types	Natural egi	our Val	Acudent	, sy	dde	Homic	ide XX	Undeterm	ned monne	r .			
	EXAMINER CERTIFICAT ULD BE FOI DIRECTOR I, WITH THE MARYLAND		Alla.	1	100	V	97.7	11.	FITLE (SE	PECIFY	8					
	KERKE K		SIGNATURE	elle	7/4	nul	1000	14/4	Assis	stant	MEDICA	LEXAMINE	R	DATE SIGNED_	12-3-	86
	TO MEDICAL EXAMI EXECUTE THE CERTIFIED BE PAGE 4 SHOULD BE TO FUNDERAL DIRECT AFTER DEATH, WITH BALTMORE, MARYLL		EXAMINER'S NAME (TYPE OR PRINT)	ennis	F. Smy	th/M	.D.		ADDRESS_1	lll Per	nn_St	., Ba	lto.,	Md.	21201	
	8478E4	23a.B	JRIAL, CREMATION, REMO PECIFY Urial			23c. N	AME OF CEM	ETERY O	CREMATO	DRY	23d. LOCA	TION OWN OI	1	COUNTY	. ST	ATE
07/84 25M	BP				5/1986	MI	General Hospital Student High Sc EBEFORE ADMISSION VERY Spring 134, INSUE CITY LIMITS? YES NO 134, INSUE CITY LIMITS? YES NO 1400 Crockett Lane VERY Spring 15. MOTHER'S MAIDEN NAME Sharon Sharo		ca							
-0111	DHMH - 17 (VR A15 ME (5))	2	32ME CARROLL ST	REET,	N. ADMESS,	WAS	HINGTON	I, D.	C.	DEC.	05 PE	986	Julia	Part Sign	ATURE	As

028608 DEC:	FOR STATE SEGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		
y be oge 3 death	1 DECEASED NAME FIRS	Louise	Roxce	12	- 23-86 12:41Am
ge 4 ma ector. pr	Female	White	5. DATE OF BIRTH	4 72	MONTHS DAYS HOURS MIN.
Parol dir. 70	70. BIRTHPLACE (STATE OR FOREIG Maryland	7b. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIE	VV A . T	COUNTY OF DEATH
by the furnition of the	Bettinda	11. NAME OF HOSPITAL, NU THE NOT IN SECH FACILITY, GIVE S'	RSING HOME OR OTHER INSTITUTIO		
AND 212	Md. Me	one or other institution give residence by the county 13% city or the contgomery Bethe	sda YESKOX NO	5208 Wissi	oming Rd. 20816
A A A A A A A A A A A A A A A A A A A	Frank	MIDDLE LAST Walk	er Emma	WIDDLE	Stacks
TIMORE, De execut or execut or execut or Proper, Prope	160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? 166 SOCIAL S ES. GIVE WAR OR DATES) 220-0	5-3351 James H.	and) 5208 Royce Bethes	issioming Rd. da,Md. 20816
St., BA		ter anly ane cause per line far (a), (b) AUSED BY: EDIATE CAUSE (a)		how + Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
HESTON HESTON	Canditions, if any, whi	DUE TO, OR AS A CONSE	oblede of sepsis		12 45
Mor the	cause (a), stating to	DUE TO, OR AS A CONSE	STENCE OF LECAL CAPCIO	iom & Efasciit	is ~3 days
DRDS, 20	PART 2. OTHER SIGNIFIC	s mellits	TO DEATH BUT NOT RELATED TO THE		
AL RECO	190. DATE OF OPERATION 22 Dec 80	6 AbdoniAN	POPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
MELAN.	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEGICAL EX.	OF DEATH HOUR A.M. MONTH		CCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART ?)
DIVISION DIVISI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	ICE FARM ETC.)	CITY OR TOWN	COUNTY STATE
TTENDS A CTOR,	220 I certify that (B) (this saw the deceased ali	haspital) attended the deceased from		$\frac{36}{2}$, ta $\frac{12}{23}$	and have and fram the causes stated
At OF At Different Control of the Co	19mg L	H. Trout		ING MEDICAL STAFF	12-23-86
O HOSPIT Toured to Toured to	Hugh H.	Trout III			Vashington D.C.
BP	230 BURIAL, CREMATION, REMO (SPECIFY) Burial	23b. DATE 12/24/86	Parklawn Mem. F	Park Rockvil	le, Maryland State

14 FUNERAL DIRECTOR
NAMET y son Wheeler Funera Home, Inc.
1331 Rockville Pike Rockville, Md. 20852 DEC 29 1980

DHMH - 16 60M 7/84 (VRA 15, 4)

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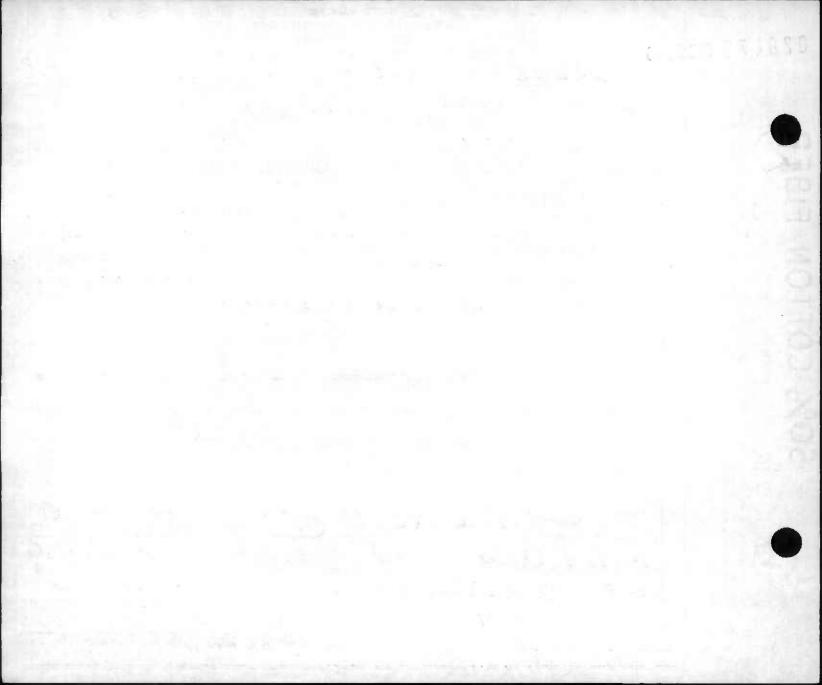
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	((
CERTIFICATE OF DEATH	

7	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.			
J		CEASED NAME FIRST	ENE MID		RUB	IN	20 DATE OF DEATH	2 - 16	-	8 50 P	>
	3. SE>		4 RACE	HITE	5. DATE O	DAY YEAR	6-AGE (IN YEARS LAST BH	RTHDAY) IF MO	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
1	RU	RTHPLACE (STATE OR FOREIGN	u. s.	Α.	MARRIEI WIDOWE	DEVERMARRIED DEVERMARRIED DEVERMARRIED	9 BALTIMORE CITY S MONT GOME			MD.	
0		OCKVILLE				ROTHER INSTITUTION ATER WASHINGT(NYPHOUSEWIF		126 KIND OI	HOME	
5		AL RESIDENCE (IF NURSING HO)		VE RESIDENCE BEFOR		13d Inside City Limits? Yes [X] NO []	13e STREET ADDRESS 6121 MON		2085 ROAD	52	
1	14. FA N 1	ATHER'S NAME ICHAI ^{irst}	MIDD (EUNASCE	RTAINAB	LE)	CECELIA		UNASCER	RTAINAT	BLE)	
		VAS DECEASED EVER IN U.S ES NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES)	533-14	-4172	17 INFORMANT EDWARD BECK		CONNECT NGTON.		AVENUE, I	V
		Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause last	h (b)	AS A CONSEQU AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVER	N IN PART 11c		
2	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN			OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NOX	IN CERTIFYI YES	WERE FINDING CAUSES		
1	MEDICAL C	OR CONTRIBUTING CAUSE CO. (IF EITHER NOTIFY MEDICAL EXA. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MINER) P.M. 21e PLACE OF	MONTH D	19	211 LOCATION STREET	CITY OR TO		COUNTY	STATE	
		220 I certify that (I) this h	10	16 19	-	d that in (my) (our repinion of	death accurred an the d	FF /	and from the		
		LOZETO	_	3106	mD	27e ADDRESS 6/2/	MONT		E	21.	
	230 B BU	BURIAL, CREMATION, REMO RTAL	12/19/	1986 M		EMETERY OR CREMATORY LEBANON CEMETE	23d LOCATION RY ADELPH	I, PRIN	ICE.	MARYL'ANT	0

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

POUNTLO RETORSTEIN HEBREW MEMORIALS FUNERAL HOME 232 CARROLL STREET, N. W. WASHINGTON, D. C.

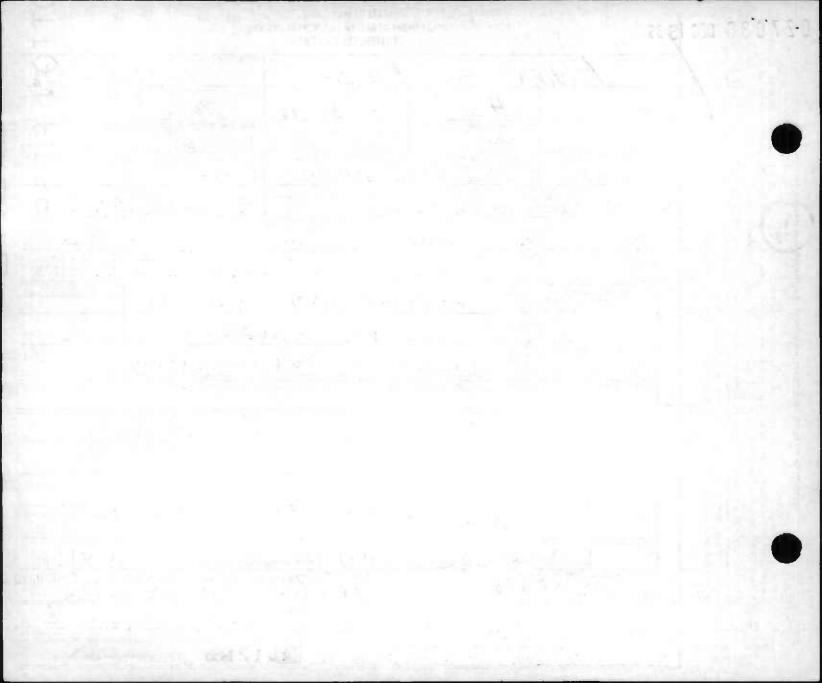


١	518	FOR TATE REGISTRAR		DEPARTN		EALTH AND MENTAL HY		REG. NO.		
1		EASED NAME FIRST	1.	MIDDLE Blanco	Ru	LIZ	2s. DATE OF DE	12/1	186	J BQ M
	J. SEX	T	4. RACE	f =10	5. DATE O	DAY YEAR	6. AGE INVIAIS	ZO MITHERATION	OVITHE DAYS	POURS I MIN.
A		RTHPLACE (STATE OF EOREIGN	Caucasa 76 CITIZEN OF	WHAT COUNTRY?	8.	30 16	9. BALTIMORE	CITY OR COUNTY	OF DEATH	
1		uba	Cuba		WIDOWE	D NEVER MARRIED D		mery		MD.
		koma Park	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	12ª USUAL OCC (TYPE OF WORK FOR Homemak	R MOST OF WORKING LIFE	12b. KIND O INDUSTRY	OF BUSINESS OR
	30. S	L RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Silver SI	N	13d. INSIDE CITY LIMITS?	13e.STREET ADD	oress / zip.code	Blud.	20901 E. #4
	14. FA	THER'S NAME FIRST Juan	MIDDLE M.	Blance	0	15. MOTHER'S MAIDEN NA FIRST	M	BIDDIE		inco
1		(AS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT day		107ES Beech		
ı		no		568-90-	1632	Matilde Garc	ria-W. Hy	attsville		20783
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly one couse per ED BY: TE CAUSE (a)	RES	DIRI	ATORY	FA	CURE	BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE CONTRIBUTING TO DE	ERR INCE OF	AL ON IE (AR)	FAR (O PAM HY	FN IN PART 1	0
	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	20g AUTOPS	Y? 20b. IF YES,	, WERE FINDIN	NGS USED
		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	DE INJURY M. MONTH DA M.	AY YEAR	21¢. HOW INJURY OCCU		1		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
		220. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) [did) (did n	121	19		id that in (my) (our) opinion	to	n the dote and hour	ond from the	
		22b. SIGNATURE	-ot	A	1	DEGREE ATTENDING PHYSICIAN'	MEDICAL DIRECTOR [STAFF PHYSICIAN	220 DATE	EL FZ
		22d PHYSICIAN'S NAME (TYPE	PRINT)			LANGLE	A SYE	K WY	341145	13 HAR 4918
		URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	CITY OF I	COMMI	COUNTY	ama till Md
	24. FL	Burial INERAL DIRECTOR Examples	Dec. 1	0, 86 Ga Collins		Heaven Cemer		ISTRAR 256. REGISTE		
1		10 University E				O.F.	1 2 1986		enterge Lan	
- 0		The second secon								

DHMH - 16 60M 7/84

MPORTANT: If Item 21 is marked or Item 18 stem any injury, or other traumatic event, th

(VRA 15, 4)



may be

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the funeral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the atter should be detached far use as the burial-transit permit. Then please remave with the State Dept. of Health and Mental Hygene prior to burial, cremation attending physician IMPORTANT: If them 21 is marked ar Item 18 sh

ony injury, ar ather traumatic

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

4	0	EGISTRAR				CERTII	ICATE OF DEA		REG. NO.		
		CEASED NAME OR PRINT)	Evelyn	7	Temple		Russell		2a. DATE OF DEATH MONTH 12/15/86	DAY YEAR	8:30 p.
	3. SEX	emale		White		5. DATE O	July 12, 1	.922	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
1	V	RTHPLACE (STATE OUNTRY) Irginia		U.S.		MARRIE WIDOWE	DI DIVO	RCED	9 BALTIMORE CITY <u>OR</u> COU Montgome		MD.
)	R	ockville		820 Cr	OSPITAL, NURSIN TOTHERS L	ane	OR OTHER INSTITU	NOIT	120 USUAL OCCUPATION (TYPE HOUSEWIfe		ne
1	Ma	ryland	1136 CO.UN		GIVE RESIDENCE BEFORE 131, CITY OR TOW ROCKVIL		13d INSIDE CITY YES 📉 NO	LIMITS?	820 Crothers	Lane 208	52
		Elmo	R	ice	Wright		15. MOTHER'S M FIRS Susa	T	Eleanor	Tod	
		AS DECEASED E ES NO OR UNKNOWN NO		WAR OR DATES)	579 14 02		Milton 1	Russel	ll same as 13e		
	5	18 CAUSE OF DI PART I. DEAT	H WAS CAUSED	y one couse per BY: CAUSE (0)	tine for (o), (b), on	die	ulus	na	marest	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
-	X	Conditions, if	ony, which immediate		R AS A CONSEOUI	ENCE OF	duar	of	(olon	19	85
		, ,	ouse lost.	(c)	R AS A CONSEOU		perice	ud	ites	198	36
	TION				INTRIBUTING TO I		NOT RELATED TO	THE TERMI		GIVEN IN PART 10	
1	CERTIFICATION	19a DATE OF OP		196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED		YES, WERE FINDING RTIFYING CAUSES	
1		210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DEAL	HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)	
	MEDICAL	WHILE NO	T WHILE WORK	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	1000	CITY OR TOWN	COUNTY	STATE
		220.1 certify tho sow the dec obove, (1) (w	t (1) (this lospit eosed olive on e) (did) (did not	1112	6 192	26_, or	nd that in (my) (gu	f) opinion d	eath occurred on the date and		that (I) (we) last couses stated
		22b. SIGNATURE	ruhe	L	while	al	DEGREE ATTE	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	16186
		Frauke	Westpha		.,		22e ADDRESS		ll Road Rockvil	le, Md.	20851
	(5	urial, crematic		12/19	/86 C	Cedar	EMETERY OR CREATE Hill Cem		Suitland, I	Marÿľánd	STATE
	24 FU	NERAL DIRECTO	Tyson W	heeler ke, Rock	Funeral H	Home,	Inc.	250. DATE	REC D BY SEC 986 25h SEC	PISTRATIZATIONAL	Madae

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING retained by the hospital or att

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injury, or other troumotic

IMPORTANT: If Item 21 is marked of the

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR
- STATE
REGISTRAR

RACE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO

MONTH

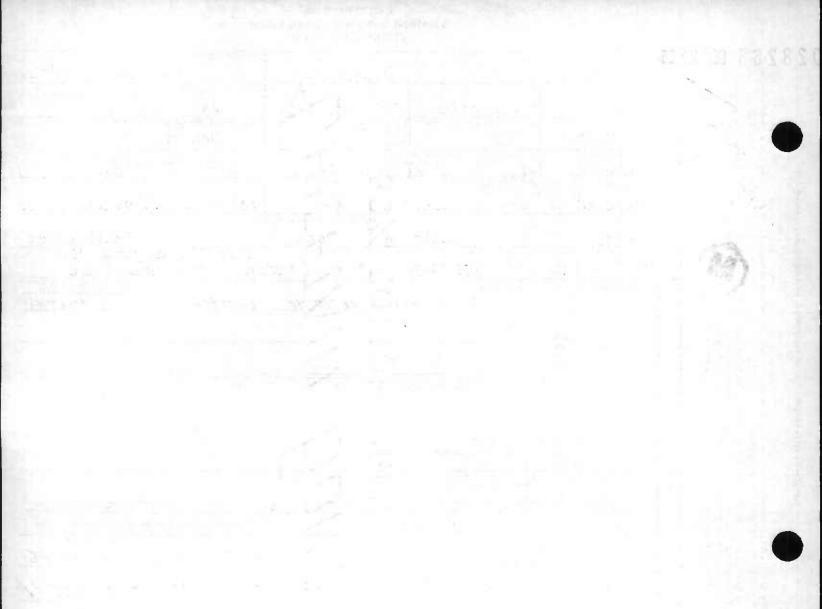
2h HOUR

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20 DATE OF DEATH

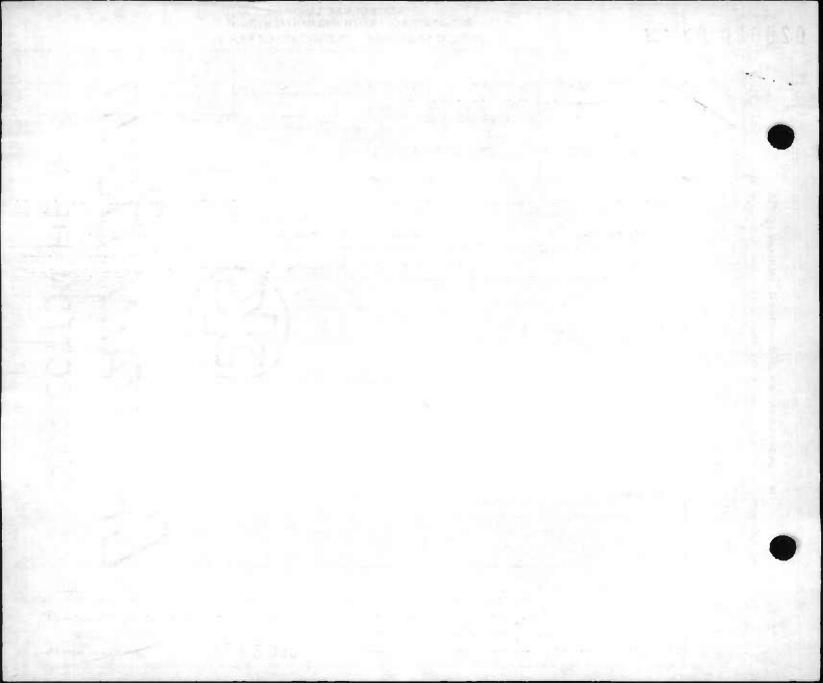
6 AGE (IN YEARS LAST BIRTHDAY)

	231	Male	Caucasian	Jul		66	YRS.	DAYS HOUR	MIN.
4		ETHPLACE ISTATE DE FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8.	V _	9 BALTIMORE CITY OF		TH	
/	0	New York	USA	MARRIE			gomery		
4	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWE G HOME C		12a. USUAL OCCUPATIO		IND OF BUSI	MD.
>		Rockville	(IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	st Hospital	Physicisa	WORKING LIFE) INDU	JSTRY	Stds
5	13a S	TATE 1136 COUN	other institut on give residence before 130. CITY OR TOWN too Rocku	V	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS /	zip code Lian Dri	ve 2	20850
П	I4 FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		IAST	
		Irving	Ruthb	erg	Dora			shlei	
1			MED FORCES? 16b. SOCIAL SECUI E WAR OR DATES) 071-16-09		Zella G. Ruth	Rockville; iberg; 14209			50
1		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and D BY:	1(c)			BE	APPROXIMATE IN TWEEN ONSET A	ND DEATH
			ECAUSE (0) METASTA	tle	CARCINOMA	STOM ACH		5 Mon	THP
			DUE TO, OR AS A CONSEQUE	NCE OF					
		Conditions, if ony, which	(b)						
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF					
	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	nal disease or cond	ITION GIVEN IN PA	ART lio	
-	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE F IN CERTIFYING CA YES [ATH?
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR PA	ART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TOW	VN COUN	MIA	STATE
		220 I certify that (I) (this hospit	tal) attended the deceased from		12-11-19 86		- 19 19 66	that (I'	(we) lost
		sow the deceased alive on above, (1) (we) (did) (did no	1) view the body ofter death	PC_, or	nd that in (my) (aur) apinion d	leath accurred on the da	te and hour and fro	m the couses	stated
		22b. SIGNATURE	A second second		DEGREE		220	DATE SIGNE	D
		Donul 1	couls.	an	ATTENDING PHYSICIAN	MEDICAL STAF	AND	12-19	-86
7		274 PHYSICIAN'S NAME (TYPE O	R PRINT)	-	22e ADDRESS	, Director (C) Tittales	,		
		DANIEC 1	Powers M.	9.	SO LIE DRO	IC NETLING	e Rock	WILL	= 18
		URIAL, CREMATION, REMOVAL BECIFY) Burial	23b. DATE 23c. N 12-21-1986 Ki	AME OF C	emetery or crematory avid Mem. Gard	23d LOCATION	urch Prit	ninia	STATE
	74 FII	NERAL DIRECTOR	Rockvill						
		NIA AAE	g Chapels; 1170			2 4 1986	Aulia Davida	T. Pard	all
-					- Total Freidy				



West Street Street all the age to 3 1 to

18		STATE REGISTRAR CEASED NAME E OR PENTI	FIRST	18 C	MIDDLE	LAST	26. DATI	REG. NO. E KNOWN X MONTE	H DAY YEAR 26. H
			JUAN		P.	SALAZAR	DEAT	H MATED 12	2 2819 86
8	Ma:		aucasian	Feb 17	1922 6. AGE (IN YE		NDER 24 HRS. 2c. DA PRONO DE/	TE MONTH UNCED AD 10	2 28 19 86 NO
	7a. Bli FO	RTHPLACE (STATE REIGN COUNTRY) Peru	OR 78	Peru		8. MARRIED XX NEVER A	ARRIED	more city or could	NTY OF DEATH
2		TY OR TOWN OF Bethesda	DEATH 11		CILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION		UPATION (TYPE OF WORK	OR INDUSTRY Banking
1	USUA 130 S1	L RESIDENCE (IF I	13b. COUNTY	THER INSTITUTION, GIV	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Bethesda	13d INSIDE CITY LIM	1157 13e STREET ADD 9919 01	RESS d Georgeto	own Road/208
-	M. FA	ATHER'S NAME Alejan	dro.	AIDDLE	Salazar	IS MOTHER'S A	AAIDEN NAME	WIDDLE	Available
/	16a. V	VAS DECEASED E ES, NO, OR UNKNOWN NO	VER IN U.S. ARMEI		166 SOCIAL SECURIT 403 60 180	TY NO. 17. INFORMANT		18204 Pin	ecroft Cour urg, Marylan
		18. CAUSE OF D	EATH (Enter only o	ine cause per line	far (a), (b), and (c).)	o padazao	O. Darasar	Galthersb	APPROXIMATE INTERVI BETWEEN ONSET AND D
		PARTIDEAT	H WAS CAUSED B	Y: T.		al hemorrhage			BETWEEN ONSET AND L
	1:	c bu	4 616	DUE TO, OR	AS A CONSEQUENCE	OF			
		gave rise	if any, which to immediate	(b)					
		lying cause I	oting the <u>under</u> - lost.	DUE TO, OR	AS A CONSEQUENCE	OF			F) In
		PART 2 OTHER SIGNIF	ICANI CONDITIONS CON	TRIBUTING 10 DEATH I	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 1 : g .		
			Arta	riosclere		ovascular dis	ease		
	LION								
	TIFICATION	19a. DATE OF OF	PERATION	196 CONDIT		RATION WAS PERFORMED?		- 1	20 AUTOPSY? YES X NO
	CAL CERTIFICATION	210 EXTERNAL C	PERATION AUSE WAS	21b. TIME OF HOUR A.M		21c. HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR I	YES 💢 NO
1	MEDICAL CERTIFICATION	210 EXTERNAL C	AUSE WAS OR CAUSE OF DEA	21b. TIME OF HOUR A.M ATH P.M 21e PLACE C	INJURY MONTH DAY YEA 19	21c. HOW INJURY OCC	URRED (ENTER NATURE OF		YES 💢 NO
13	-	210 EXTERNAL CUNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK A	AUSE WAS OR CAUSE OF DEA CURRED HOT WHILE IT WORK hat I took charge a	21b. TIME OF HOUR A.M 21e PLACE C STREET, FACT	INJURY MONTH DAY YEA 19 PF INJURY (ATHOME, ORY, FARM, ETC.)	R 21c. HOW INJURY OCC 21f. LOCATION STREET Autopsy X. Insp	CITY OR	ry , and in my	YES X NO
13	-	210 EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE	AUSE WAS OR CAUSE OF DEA CURRED HOT WHILE IT WORK hat I took charge a	21b. TIME OF HOUR A.M P.M 21e PLACE C STREET, FACT	INJURY MONTH DAY YEA 19 PF INJURY (ATHOME, ORY, FARM, ETC.)	R 21c. HOW INJURY OCC 21f. LOCATION STREET Autopsy A. Insp	city on	ry , and in my	YES X NO
1	-	210 EXTERNAL CUNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK A	AUSE WAS OR CAUSE OF DEA CURRED HOT WHILE IT WORK hat I took charge a	21b. TIME OF HOUR A.M 21e PLACE C STREET, FACT	INJURY MONTH DAY YEA 19 PF INJURY (ATHOME, ORY, FARM, ETC.)	R 21c. HOW INJURY OCC 21f. LOCATION STREET Autopsy X. Insp	ction , Inquir	y , and in my manner ,	YES NO
13	-	210 EXTERNAL CUNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK 220 I certify the death resulted for ACTUAL	AUSE WAS OR CAUSE OF DEA CURRED HOT WHILE IT WORK hat I took charge a	21b. TIME OF HOUR A.M. 21e PLACE C STREET, FACT f the remains descauses X.,	INJURY MONTH DAY YEA 19 PF INJURY (ATHOME, ORY, FARM, ETC.)	216. HOW INJURY OCC 216. LOCATION STREET Autopsy Americal Inspection TITLE (SPECIF	city on	ry . and in my o	YES (NO PART 2) COUNTY STATE OF THE NED 12-29-86



completely filled in by the futeral direction of a discount of the filed with a filled
the medical examine

FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

D.F.	C	NO	

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5

	REGISTRAR					REG. NO.					
I. DÉ	FIRST	٨	AIDDLE	LAST	2a DATE	OF DEATH MONTH	DAY YEAR	26 HOUR			
(IVP	Vuzv	100	Inez Sa	loado	16	2/22/81	6	2:15A			
3. SE		4 RACE		E OF BRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR			
	temple	Caucasia	MC	2 / 8 /	49 87		MONTHS DAYS	HOURS MIN			
	SIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8.		9 BALTIA	WORE CITY OR COUNT	Y OF DEATH				
1	Cuba	Cuba	MAR	RIED NEVER MAR	RIED 🔲	tgomery					
10 C	ITY OR TOWN OF DEATH		OSPITAL NURSING HOM	WED DIVOR		AL OCCUPATION	12h KIND O	F BUSINESS C			
		(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS)		(TYPE OF W	ORK FOR MOST OF WORKING LI	(FE) INDUSTRY				
	LVER Spring		Cross Hospit		Hous	sekeeper.	House	keeper			
13a.	STATE 136 COL	INTY	13c. CITY OR TOWN	134 INSIDE CITY I	LIMITS? 13e STREE	T ADDRESS / ZIP COD	E) A	912			
_		tgomery	Takoma Park			Maple Ave.	-	1600			
14. Fz	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MA		MIDDLE	LAS	T .			
4	Concepcion		Pantoja	Jua				ldes			
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO		friend	ADDRESS601					
	no		217-94-3283	Miguel Ri	uiz	Silver Sk	oring, M	ld.2091			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per	transfor toy, (b), and ic'	no1.6	2 parties	7 20-11-	BETWEEN	MATE INTERVAL DISET AND DEAT			
	Conditions, if ony, which gove rise to immediate couse (0), stating the	(b)	R AS A CONSEQUENCE O	2 - 2 ·	An 70	mes, s					
	underlying couse lost.	(c)	AK	pours,	CEONO!	>/5					
1.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	HTP2K	TONS	1011								
S A	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	TION WAS PERFORME	D 200 At		S, WERE FINDIN				
Ē	12.12-86	ThR	Mbo EMbo	150m HA	(AC) YES	4	ES [NO [
7 %	21a. ACCIDENT WAS UNDERLYING			21c HOW INJUR	Y OCCURRED (ENTER	NATURE OF INJURY IN ITEM IB	PART I OR PART 2)				
	OR CONTRIBUTING CAUSE OF D			AR 9							
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION							
×	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FARM, ETC	STREET		CITY OR TOWN	COUNTY	STATE			
	220-1 certify that (I) (this has	night) attended the	e deceased from 12	112	0 1/2 10	12.01	10 65	that (I) (we) I			
	saw the deceased alive	12.00	1 86 19 8/2	, and that in (my) (au	r) opinion death occu	rred on the date and ha					
	77h SIGNATURE	diview the body	ofter death.	DEGREE			22¢ DATE				
	1 - 1VB	4/N	US 87	ATTE	NDING MEDICA	AL STAFF OR PHYSICIAN	12.	228			
1	THE THYSICIAN A PRIME CIVE	of to	Ninter	22e ADDRESS	wie e	as an	R=	Trado.			
-	L. 1100	C10 1	YUNEC	10218	NISCA	ISIN HOLL	175/	2794			
	BURIAL, CREMATION, REMOVA	1 23h DATE	23c NAME C	F CEMETERY OR CREA		OCATION CITY OR TOWN	COUNTY	STATE			
	Burial	Doc. 24	1986 Gate	of Heaven		Silver Sprin	rgMontac	mery N			
24. F	UNERAL DIRECTOR FHON	cis T C	ollinismus Ir.		25 DATE REC'D. B	Y REGISTRAR 256. REGIS	TRAR'S SIGNAT	URE			
Tr				ring Md	DEC 5 8	1900 Julia	Dividion	Parilant			
50	10 University B	Rud Wes	t Silver Sp	rina Md.	50	gatta	margan	Konidaek			

DHMH - 16 60M 7/84 (VRA 15, 4)

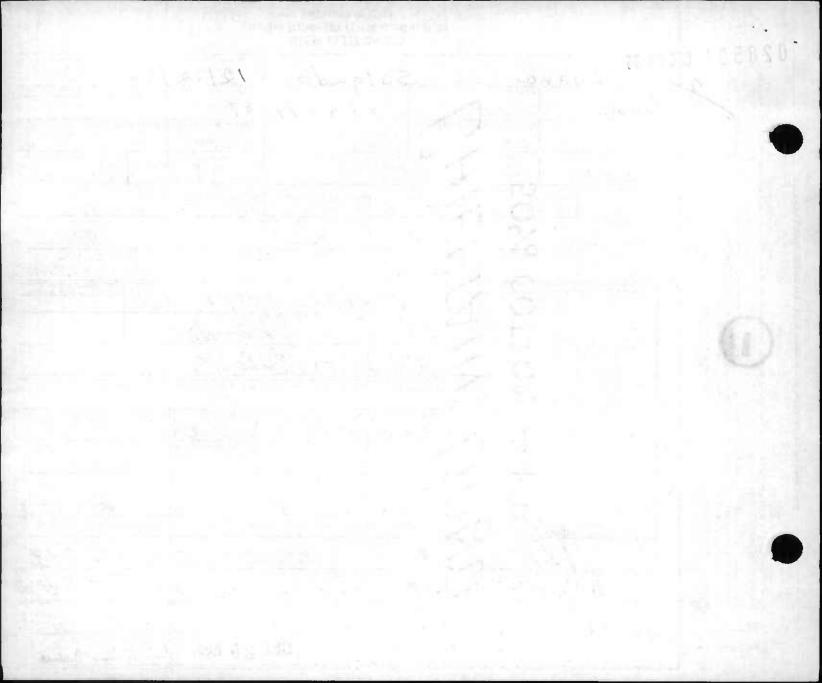
500 University Blvd.

TO FUNERAL DIRECTOR, After this certificate has been signed should be detached for use as the buriol-transit permit. Then purity the State Dept. of Health and Mental Hygiene prior to bur

ATTENDING PHYSICIAN, The

ned by the hospital or

TO HOSPITAL



DEQ 17 86

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	REGISTRAR				CERTIF	CATE OF DEATH	REG. N	0.				
1 DECEASED NAME FIRST (TYPE OR PRINT) G.			Laurence SCHETKY				20. DATE OF DEATH December	8, 1	986	26 HOUR 1:05 F		
3. SE	X	9 4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HE		
	Male		Whit	e	Sept	1 - 0	91	YRS.	MONTHS DATS	HOURS MI		
British Columbia Columbia Colify OR TOWN OF DEATH Silver Spring			U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery					
			Sylvan	HEACILITY, GIVE STREET	address)	Care Center	120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) Navy Retired Military					
13a. S	SUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13.6. CITY OR TO MONTGOMERY Betheso				VN I	13d INSIDE CITY LIMITS? YES 🐴 NO 🗌	Rd./20817					
14. FA	George Littel So				У	Helen	AME MIDDLE Cross					
	WAS DECEASED EVER II YES, NO OR UNKNOWN) Yes	U.S. ARME		035-30-								
	18 CAUSE OF DEATH LEnter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Courte Cardio Resperatory ares Stadde Menonsei and De											
	Canditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF LUTE LUTE LUTE DI SEASE 7 10 SEASE 7 1											
ATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED											
CERTIFICATION		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTION 2 CAUSE OF DATA HOUR A.M. MONTH			AV YEAD	21c. HOW INJURY OCCUI	YES NO RRED (ENTER NATURE OF INJU	Y	PART I OR PART 2)	OF DEATH?		
EDICAL	OR CONTRIBUTING C		P./		19							
Š	21d INJURY OCCURRE		21e PLACE C			211 LOCATION						

27b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

opinion deoth accurred on the date and hour and from the causes stated

22c. DATE SIGNED Dec. 9,1986

NAME (TYPE OF PRINT)

Myron Lankin M.D.

22s. I cortify that (1) (this hospital) attended the decreased from

22e. ADDRESS

2309 Shorefield Rd. Wheaton, Md. 20902

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Cremation 12/10/86 Mt. Comfort Crematory 4 FUNERAL DIRECTOR JOSEPH GAWLER'S SONS, Inc. 1256. DATE RE

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Alexandria,

COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as the burial transition with the State Dept. of Health and Mental Hydren TO FUNERAL DIRECTOR: After this certificate

TO HOSPITAL OR

BP

IMPORTANT: If Item 21 is marked or Item 18

5130 Wisconsin Ave, NW, Washington, D.C. 20016

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

30 7 1 2 1 5

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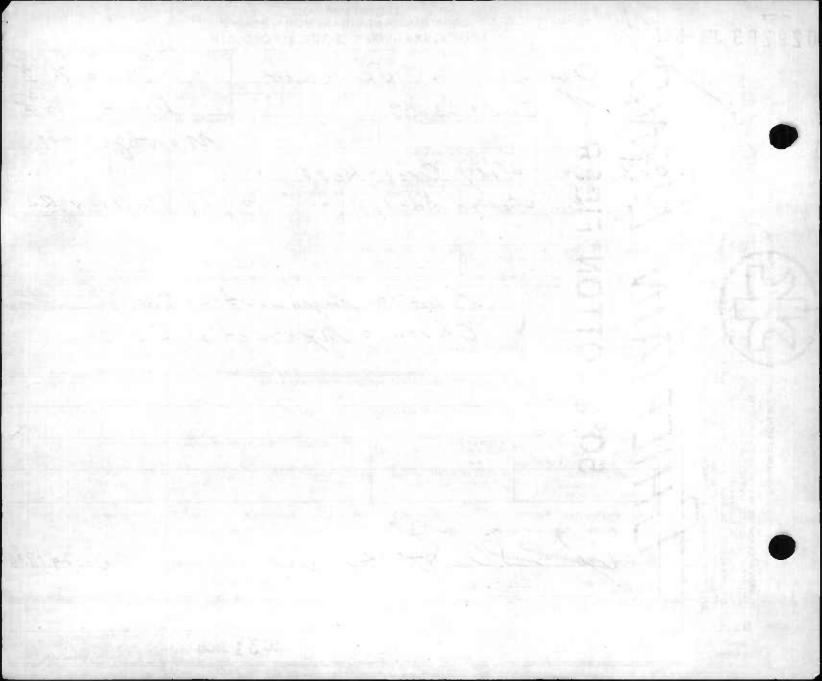
The state of the s

3.

lgren Landin 2.1. 1909 horefield W. tensen, d. 1994

Dec. 9,1965

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BTATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO I. DECEASED NAME Schiemer 20 DATE KNOWN OF MONTH Owen E OR PRINTS DEATH MATED 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 6 AST BIRTHDAY) PRONOUNCED DEAD BIRTHPLACE (STATE OR TIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland USA DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Hechanical Engineer US Govt. ACILITY, GIVE STREET ADDRESS) VE RESIDENCE BEFORE AD 13d. INSIDE CITY LIMITS 2 13a STATE 13e STREET ADDRESS YES TE NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Edmund MIDDLE Schiemer Olga Hoeft 7 INFORMAN 3309 Collier Adelphi Md 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES, NO, OR UNKNOWN) Sarah Schiemer 220-12-7045 18 CAUSE OF DEATH (Enter only one cause per line for (b), and (c).) ED TO THE CHIEF MEDICAL EXAMINER ALONG WAS SHOULD BE USED AS A BURIAL - TRANSIT PERMIT DEPARTMENT OF HEALTH AND MENTAL HYGIENE OPRIOR TO BURIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 "PENDING CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [] NO D 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CERTIFICATE HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE Inspection 22e I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted from: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATUR MEDICAL EXAMINER John S. Rogers EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 1/2/87 Arlington National Arlington Fairfax Burial Va. BP 07/84 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Borgwardt 4400 Powder Mill Rd. Beltsville, Md. 20705 **DHMH - 17** Domaild (VR A15 ME (5))

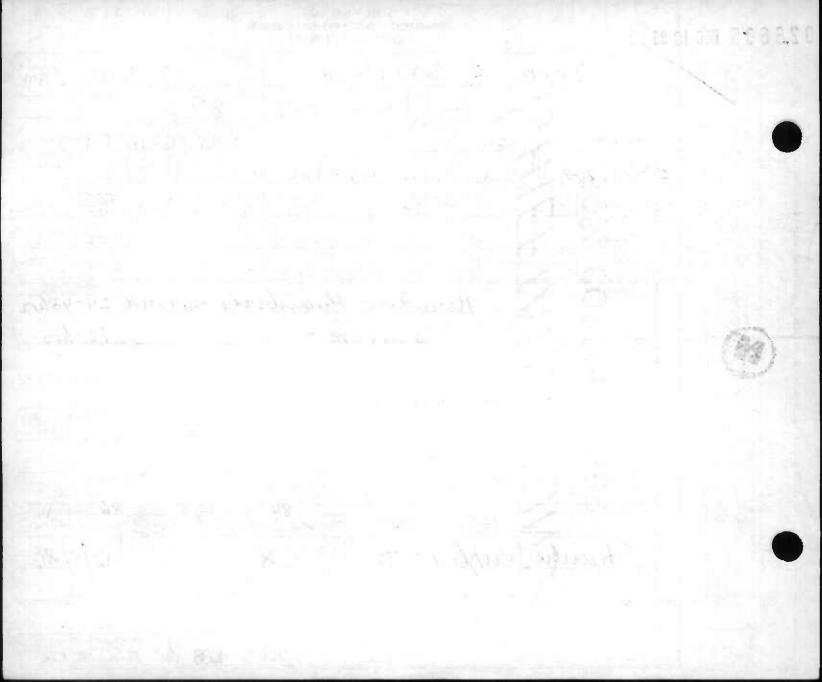


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STATE OF MARYLAND

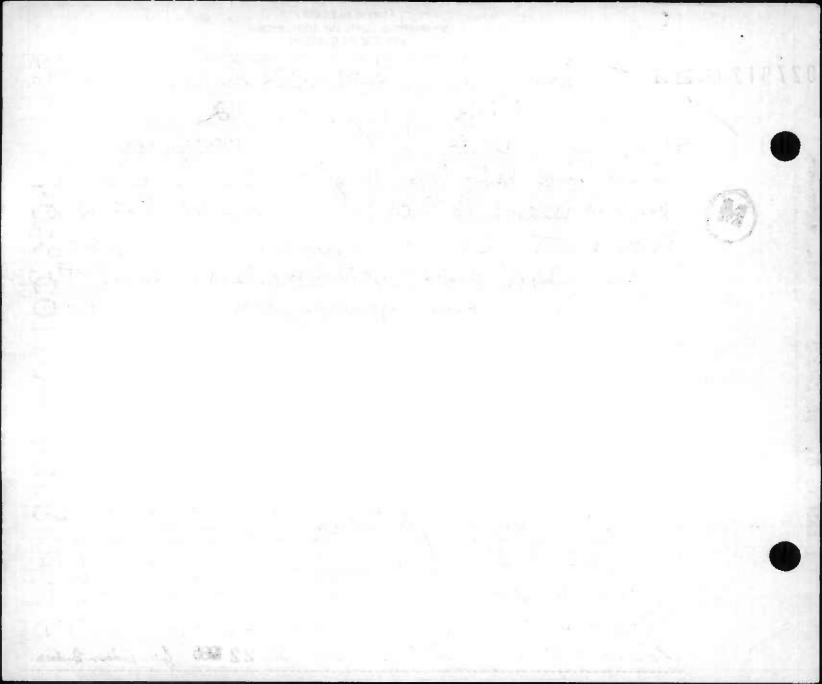
018	FOR STATE BEGISTRAR	DEPARTA		IEALTH AND MENTAL HYG	IENE REG. N	0.					
	CEASED NAME FIRST	MIDDLE	1	AST	28 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR			
1	and	10 A Sch	ILON	KCR.	1	12 5	86	428m			
3. S		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS			
	Female	Caucasian	3 NONTE	4 01 1999	97	YRS	ONTHS DAYS HOURS MIN				
7a. l	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED XX	9 BALTIMORE CITY C	OF DEATH					
	Germany	United States	MARRIE	D DIVORCED D	mont	UT CHMEIN County					
10.0	SCTHES DA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 5 00 0 0 000	G HOME'C		128 USUAL OCCUPAT (TYPE OF WORK FOR MOST O ECONOMIS	OF WORKING LIFE)		126. KIND OF BUSINESS OR INDUSTRY U.S. Government			
13a	STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 1350-1710-100-	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	209	06			
-	ATHER'S NAME	gomery Sprin	q	YES NO X		eisure	e wor	ld Blvd			
	Erhard	Schlenke		Emma	WIDDLE		Krumm				
16a	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GE	VE WAR OR DATES)		17 INFORMANT	9 ^s Bria	iarwood Terr					
		030-20-		Ruth E. To	lman Rock	ville					
		nly one couse per line for (a), (b), and ED BY: TE CAUSE (a)	Hem?	- Heroust	oses -m	assive	4 - 4 -	~48km			
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which gove rise to immediate			9CR-			12	-100			
	cause (a), staining the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF										
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 1	0			
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDINGS USED				
E					YES NO NO	ING CAUSES OF DEATH?					
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION							
₹	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE			
	22a. I certify that (1) (this haspital) attended the deceased fram 19.84, to 125, 19.86, that (1) (te) lost saw the deceased alive an 12-14, 19.86, and that in (my) (gur) aprinion death accurred on the date and hour and Irom the causes stated										
	above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 1 DEGREE 22c. DATE SIGNED										
	Trested Well ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/5/86 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 809 Viers Mill Road										
	22d. PHYSICIAN'S NAME (TYPE	d /	,								
-	Frauke West				ville, Ma	ryland	208	51			
C	BURIAL, CREMATION, REMOVAL (SPECIFY) remation	6, 1986 Me		emetery or crematory olitan Crem	23d LOCATION CITY OR TOWN Alexan	dria	Vira	STATE			
24 F	FUNERAL DIRECTO Robert	A. Pumphrey F	uner	al Homes 250 DATI	E REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	URE			
80	0 West Montgo	omery Ave. Rock			09 1986	A . 0 m	indon. T	andres			

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DAJE OF DEATH 2b. HOUR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED HOSPITAL NURSING HOME OR OTHER INSTITUTION 2b. KIND OF BUSINESS OR NDUSTRY 65 OTHER INSTITUTION, GIV HNURS OF HOME OF RESIDENCE BEFORE ADMISSION) 1134 INSIDE CITY LIMITS? MIDDLE IN U.S. ARMED FORCES ES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. INFARCTION HOUR MYOCARDIAL IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lot, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO | 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE DECEMBER DECEMBER 22a I certify that (1) (this hospital) attended the deceased from DECEMBER 15 sow the deceased alive on DECRADER 15 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING 15/86 FUNERAL DIRECTOR PHYSICIAN W PHYSICIAN PORTANT 22d PHYSICIAN'S NAME 22e ADDRESS 1500 FOREST GLEN ETER HAMMOND CROSS HOSPITAL SILVER SPRING 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BP DHMH - 16 60M 7/84

(VRA 15, 4)





246 N.Wash St

Snowden

DHMH - 16 60M 7/84

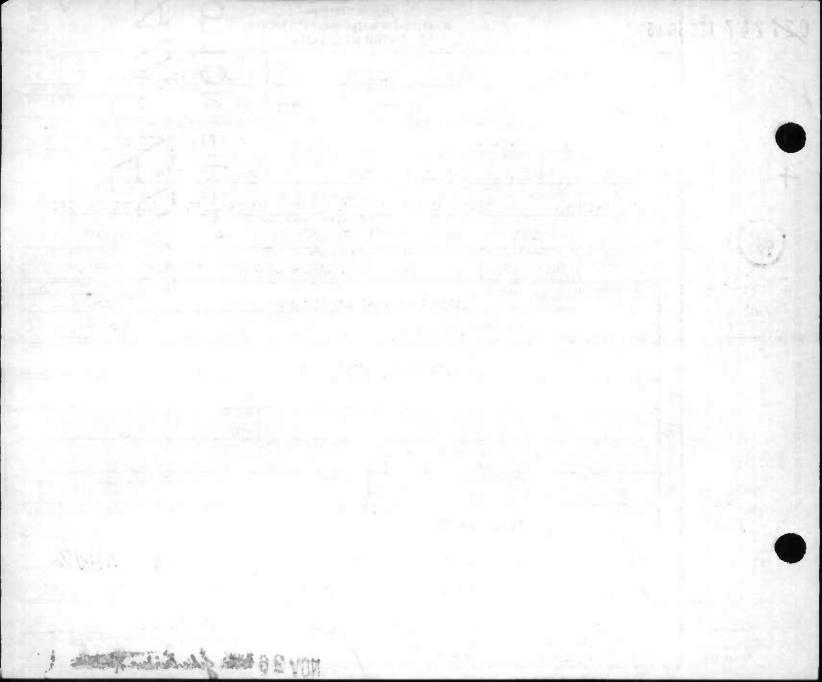
(VRA 15, 4)

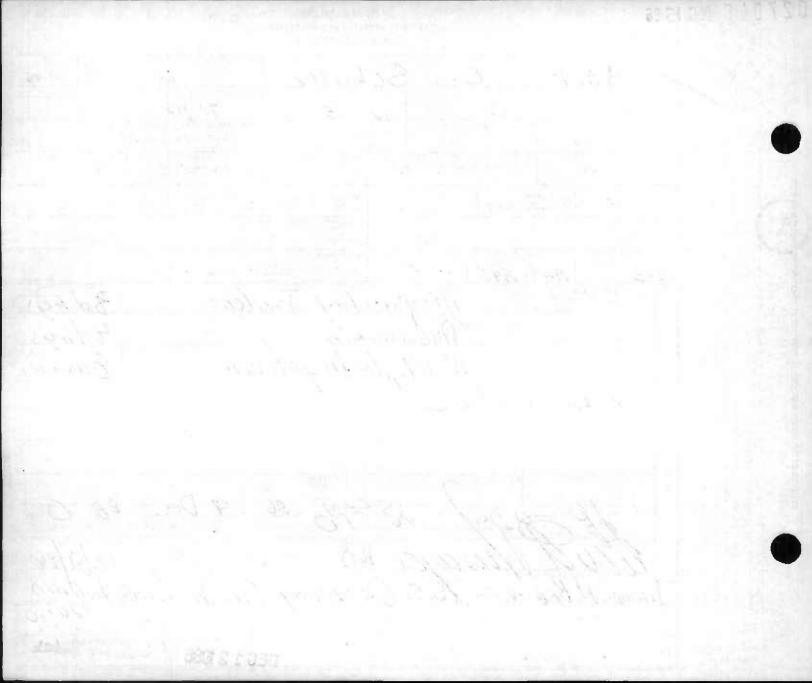
DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	4 1	PEGISTRAR			VLI AKII		ICATE OF	DEATH	TENE	REG. NO	D.				
Ī		CEASED NAME	FIRST		MIDDLE	1	LAST		2a. DATE O	FDEATH	MONTH	DAY	YEAR	2b. HOUR	₹
ı	(TIPE	OR PRINTI	MERWYN	G	ENE	SC	CHUG		NOVE	BER 1	5, 19	986		7:50	Рм
	3. SE)	(4 RACE		5. DATE O			6. AGE (IN	EARS LAST BIRT	(HDAY)	IF UNDER	I YEAR DAYS	IF UNDER 2	24 HRS
1		MALE		WHITE		JULY		1941	45		YRS.	MOINTINS	DATS	HOURS	MIN.
1		RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MARRIED 🔯	9. BALTIMO	RE CITY O	R COUNT	Y OF DEA	ATH		
7	-	Iowa		U.S.A		WIDOW	-	NORCED	MONT	GOMER	Y COU	JNTY			MD
		TY OR TOWN OF	1	NIH, TH	HOSPITAL, NURSIN H FACILITY, GIVE STREET E CLINICA	ADDRESS)		NOITUTION	12a USUAL (TYPE OF WOR Self	OCCUPATION NOSTO	ON F WORKING L	IFE) 12b. H	(IND O JSTRY	F BUSINES	SS OR
7	13a. S P El	al residence (# STATE NNSYLVAN	113F CON	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 13t. CITY OR TOW PHILADEI	N	YES X	CITY LIMITS?	2824	ADDRESS / POPLA			99	199	30
4	n	THER'S NAME Terman		Car1	Schug	1	15. MOTHER Nort	'S MAIDEN NA/	ME A:	nn		Vi	er\h		
7	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA					IRITY NO.	17 INFORM		ADDRE				5205		
7		Yes	1963	- 1969	479-50-	6921	MRS. N	ORMA CA	MPBELI	, BOX	208				
ľ		18 CAUSE OF D	EATH (Enter on	ly one couse per	line for (o), (b), on		BE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
1		PARI I. DEAI	'H WAS CAUSE IMMEDIA	E CAUSE (o)									Immediate		À
		Conditions, if	ony, which	DUE TO, O	R AS A CONSEQUI		S OF B	RAIN				2	Mo	nths	
1		gove rise to couse (a), s underlying c		DUE TO, OR AS A CONSEQUENCE OF (c) ACQUIRED IMMUNODIFICIENCY SY						SYNDROME 7			7 Months		
١	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									VEN IN P	ART 116			
	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION						ORMED	IN CERTII				S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES X NO		
		21a. ACCIDENT WA		NIN .	M. MONTH D.	AY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER N.	ATURE OF INJUR	RY IN ITEM 18	PART I OR F	ART 2}		
	MEDICAL	21d. INJURY OC	CURRED OT WHILE IT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN							cou	NTY	ST	TATE	
		sow the de	ceosed olive on		e deceosed from_ RER_15_19_8		TEMBER	6, 19 <u>86</u> (our) opinion		VEMBE ed on the do		. 19 <u>86</u> ur and fre	-	that K (w	re) lost ted
		226. SIGNATURE	even Culler M. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								1	1118	SIGNED	000	
/		22d PHYSICIAN'S NAME (IVPE OR PRINT) Levin J. Collen ROCKVILLE PIKE, BETHESDA, MA													
1	(SURIAL, CREMATI	on	11-20-	86 14	2010	EMETERY OR	CREMATORY	23d. LOC	ATION PORTOWN Washi	nato	COUNT	Υ	ST	ATE
1	24. FU	JNERAL DIRECTO	R Marsha	ill's Fu	neral Hor	me	cremaro	75a. DAT	E REC'D, BY				GNAT	URE	-
		4217 9t	h Stree	t NW :	Washingt	on, I	D.C	MOLL O	C MARK	Li.	E.E	-	2	. 1	

DHMH - 16 60M 7/84 (VRA 15, 4)

APORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the





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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

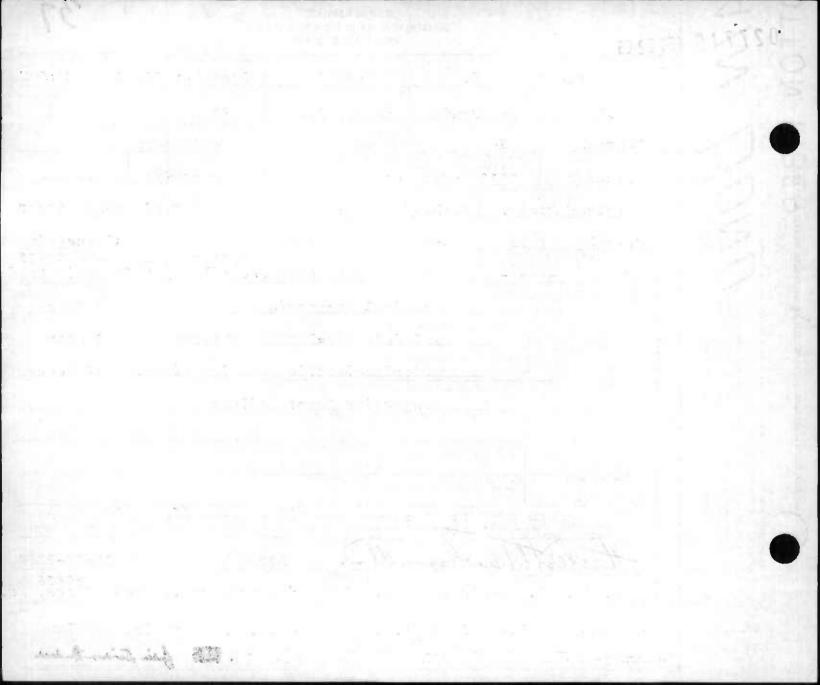
DECEASED NAME 1885	EC REDISTRAR				CERTIF	ICATE OF DEATH	REG. NO.				
BERTHA R. SCHWARTZ December 15, 1986 10:00 Mm. S. SATE OF BRITH MAY BE A SOLITED FRIEND MAY BE A SOLITED FRIEND MAY BE A SOLITED FRIEND MAY BE A SOLITED FRIEND MAY BE A SOLITED FRIEND MAY BE A SOLITED FRIEND MAY BE A SOLITED MAY BE A SOLITED FRIEND MAY BE A SOLITED FROM MAY BE A SOLITED FRIEND MAY BE A SOLITED FRIEN	I. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH MON	ITH DAY	Y YEAR	26 HOUR	2
Female Caucasuian May 28, 1896 90 YES MODITOR MARKED NO 28 MARKED MARK	, The Ok Printing	BERT	HA	R .	SC	HWARTZ	December	15,	1986	10:0	20EM.
Remale Caucasulan Bisthepace (State Orlowich Settle Caucasulan Caucasulan	3. SEX	70-6	4 RACE				6. AGE (IN YEARS LAST BIRTHDA			IF UNDER 2	4 HRS
B. BITHPRACE (1/AID OFFICE) D. CILIEN OF WHAT COUNTRY MARRIED NEVER MARRIED NOTICE NAMED NAMED NAMED NAMED NAMED NOTICE NAMED	Fema	1.e.	Cauc	asuian			90		JA13	, nooks	lattia.
R. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 13. U	70. BIRTHPLACE (ST				R				FDEATH	7	
In CAUSE OF DEATH Enter only one couse per line for ig), the conditions, if only, which gove rise to immediate couses for immediate couses for immediate couses for immediate couses for immediate couses for immediate couses for immediate couses for immediate couses for immediate couses for immediate couses for immediate couse for immediate couses for immediate		ucku	IISA			_	Montgom	10221			AAD
Bethesda 6912 Nevis Road Housewife 19. STATE IN COUNTY IS CHICA TOWN Bethesda 18. CHICA TOWN Be				HOSPITAL, NURSIN					12b. KIND O	F BUSINES	
Second 136 County 136 Cou	D - 41-	2			- 3				INDUSTRY		
13a STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13c STREET ADDRESS / ZIP CODE Maryland Montg Bethesda Yes \(\) No \(\) 6912 Nevis Road 20817 14. FAIHER'S NAME MODILE 1.035 MODILE MODILE 1.035 MODILE							Housewi	Te			
15. MOTHER'S NAME 1.05 MODILE 1.05 M	13a STATE	13b CO	YINL	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?					
JOSEPH BARY RADAN Lena Wallenstein Seph		land M	ontg.	Bethes	da			vis	Road	20	817
Secretary Baer Raban Lena Wallenstein			MIDDLE	LAST		Telline title to the title at the title at the title			145	T	
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT Bethésat, Maryland 20817 577-18-6370 Harryette Deckelbaum; 6912 Nevis Road 18 N	Joset	ph		Raba	n		, , , , , , , , , , , , , , , , , , ,	Į.	valle:	nste	in
18. CAUSE OF DEATH. (Enter only one couse per line for (a), (b), and (c): PART 1. DEATH WAS CAUSED BY PART 1. DEATH WAS CAUSE OF CONDITIONS (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CONGESTIVE HEART FAILURE (ENTER NOTIFY MEDICAL EXAMPLES) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY VES NO VES	160. WAS DECEASED	EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Roth & ADDRESS				
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pneumonia 2 Days		(IF YES, C	GIVE WAR OR DATES)	577-18-6	370	Harryette	Deckelbaum:	69	12 Ne	vis	Roa
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Terminal Pneumonia 2 Days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) Multiple Cerebral Thrombosis 1 Year DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic Vascular Disease 15 Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Congestive Heart Failure 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (FETHER NOTER MEDICAL EXAMINES) PART 2. CAUSE OF DEATH (FETHER NOTER MEDICAL EXAMINES) 21a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (FETHER NOTER MEDICAL EXAMINES) PART 2. CAUSE OF DEATH (AT WORK) 21a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (FETHER NOTER MEDICAL EXAMINES) PART 2. CAUSE OF DEATH (AT WORK) 21a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (FETHER NOTER MEDICAL EXAMINES) PART 2. CAUSE OF DEATH (AT WORK) 21a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (FETHER NOTER MEDICAL EXAMINES) 21a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (FETHER NOTER MEDICAL EXAMINES) PART 2. CAUSE OF DEATH (FETHER NOTER MEDICAL EXAMINES) 21b. CALLED OR CAUSE OF DEATH (FETHER NOTER MEDICAL EXAMINES) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITY OF THE TERMINAL DIRECTOR (PHYSICIAN) 21a. COLONITY STATE 21b. CERTIFY INDICAL EXAMINES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITY OF THE TERMINAL DIRECTOR (PHYSICIAN) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITY OF THE TERMINAL DIRECTOR (PHYSICIAN) 21b. SOLATION 21c. HOW INJURY OCCURRED (ENTERNITY OF THE TERMINAL DIRECTOR (PHYSICIAN) 21c. HOW INJURY OCCURRED (ENTERNITY OF THE TERMINAL DIRECTOR (PHYSICIAN) 21c. HOW INJURY OCCURRED (ENTERNITY OF THE TERMINAL DIRECTOR (PHYSICIAN) 21c. HOW INJURY OCCURRED (ENTERNITY OF THE TERMINAL DIRECTOR (PHYSICIAN) 21c. HOW INJURY OF THE TERMINAL DIRECTOR (P		DEATH (Enter				1	,				
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CONGESTIVE HEART FAILURE 198 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR (FETHER NOTEY MODICAL EXAMINES) P.M. 19 194 INJURY OCCURRED 104 HOUR A.M. MONTH DAY YEAR P.M. 19 195 I certify thot (I) (Hyphophol) offended the deceased from STREET CHYOR OFFICE, FARM ETC) 105 STREET CHYOR TOWN COUNTY STATE 178 STONATURE 105 PART 1 DR PART 1 178 STONATURE 105 PART 1 179 ADDRESS 120 ADDRESS 120 ADDRESS 208 15 178 ADDRESS 208 15	PART I. DE	ATH WAS CAUS	SED BY:			1 Des sermones a				1	EAIN
Conditions, if any, which gove rise to immediate couse lost. (b) Multiple Cerebral Thrombosis 1 Year Due to immediate couse lost. (c) Arteriosclerotic Vascular Disease 15 Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Congestive Heart Failure 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 100. AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 100. PART 1:0 ROUTE FIRST CAUSE OF DEATH POUR A.M. MONTH DAY YEAR P.M. 19 101. INJURY OCCURRED 101. STAFE 101. INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 102. AUTOPSY? 103. IN CERTIFYING CAUSES OF DEATH? YES NO 103. AUTOPSY? 103. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 103. I		IMMED1	ATE CAUSE (a)	Ter	muna	t Pheumonia				Days	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CONGESTIVE Heart Failure 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR (FETHER NOTE WAS UNDERLYING) 210. CONTRIBUTING CAUSE OF DEATH (FETHER NOTEWAS WAS PERFORMED) 210. TURN OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTR			DUE TO, O				~1 1 .				•
DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. Columbration Due to, or as a consequence of underlying cause lost. Columbration Congestive Columbration Congestive Con			(b)_	Mul	tipi	e Cerebral	Thrombosis		1 7	Year	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO CONGESTIVE Heart Failure 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY OF COURSED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY OF COURSED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY OF INJURY OF INJURY OF INJURY INTER 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY INTER 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19 2116. HOW INJURY OCCURRED 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTER 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH? YES NO STREET, FACTORY, OFFICE, FARM. ETC.] 211 LOCATION STREET CITY OR TOWN COUNTY STATE 210. ACCIDENT WAS UNDERLYING 210. AUTOPS OF INJURY INTER 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH? YES NO STREET CITY OR TOWN COUNTY STATE 210. AUTOPS OF INJURY INTER 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH? YES NO STREET, FACTORY, OFFICE, FARM. ETC.] 211 LOCATION STREET, FACTORY, OFFICE, FARM. ETC.] STREET CITY OR TOWN COUNTY STATE TOWN OF INJURY INTER 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSES OF DEATH? YES NO STREET, FACTORY, OFFICE, FARM. ETC.] STREET, FACTORY, OFFICE, FARM. ETC.] STREET CITY OR TOWN COUNTY STATE TOWN OF INJURY INTER 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING PART 1 OR PART 2) 210. ACCIDENT WAS UNDER	couse (o),	stating the	DUE TO, O								
Congestive Heart Failure 190. Date of Operation 190. Condition for which operation was performed 200. autopsy? 200. if yes, were findings used in certifying causes of death? YES NO YE	underlying	couse lost.	((c)_	Art	erio	sclerotic V	ascular Dis	ease	15	Yea	rs
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR FETHER NOTIFY MEDICAL EXAMINER		R SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN	IN PART 1	o	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR FETHER NOTIFY MEDICAL EXAMINER	<u>§</u>			Con	gest	ive Heart F	'ailure				
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR FETHER NOTIFY MEDICAL EXAMINER	S 19a DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20				
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR FETHER NOTIFY MEDICAL EXAMINER	E										
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR FETHER NOTIFY MEDICAL EXAMINER	210. ACCIDENT W	VAS UNDERLYING				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM TO PAR	T (OR PART 2)		
270.1 certify that (I) (the phase pitch attended the deceased from	00.001/20/01/20		EATH								
270.1 certify that (I) (the phase pitch attended the deceased from	21d INJURY OF				19	211 LOCATION					
220.1 certify that (I) (the phospital) attended the deceased from	ANNITE I	NOT WHILE			ARM ETC 1	STREET	CITY OR TOWN		COUNTY	ST	ATE
saw the deceased alive an Dec. 15, 19,86, and that in (my) (60r) apinion death accurred on the date and hour and Iram the causes stated above, (1) (my) (did) that that it was the body effect death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN AND DIRECTOR PHYSICIAN 12-16-1986 220. DATE SIGNED 12-16-1986 221. DATE SIGNED 12-16-1986 222. DATE SIGNED 12-16-1986 223. DATE SIGNED 12-16-1986 223. DATE SIGNED 12-16-1986 223. DATE SIGNED 12-16-1986 224. DATE SIGNED 12-16-1986 225. DATE SIGNED 12-16-1986 226. DATE SIGNED 12-16-1986 226. DATE SIGNED 12-16-1986		A. Trigani				7.0	D 15		0.0		
PEGNEE ATTENDING MEDICAL STAFF PHYSICIAN X ADIRECTOR PHYSICIAN 12-16-1986 272d. PHYSICIAN'S NAME (TYPE OF PRINT) PERBERT L. TANENBAUM, M.D. 5480 Wisconsin Ave., Chevy Chase, M.				ne deceased from _	86			, 19	86	that (I) by	e) lost
ATTENDING MEDICAL STAFF PHYSICIAN X ADIRECTOR PHYSICIAN 12-16-1986 272d. PHYSICIAN'S NAME (TYPE OR PRIM) PERBERT L. TANENBAUM, M.D. 5480 Wisconsin Ave., Chevy Chase, M.	above, (I)	(was (did) had		after death.	00,8	nd that in (my) (ggr) opinion	death accurred on the date of	and hour o	_		ied
22d PHYSICIAN'S NAME (TYPE OR PRIM) HERBERT L. TANENBAUM, M.D. 5480 Wisconsin Ave., Chevy Chase, M	17h SIGNATU	ME /	101	0	41	DEGNEE	MEDICAL STAFF				
HERBERT L. TANENBAUM, M.D. 5480 Wisconsin Ave., Chevy Chase, M	-11	erker	16:10e	e from	. U	PHYSICIAN X	DIRECTOR PHYSICIAN	1 🗆	12-	16-1	986
HERBERT L. TANENBAUM, M.D. 5480 Wisconsin Ave., Chevy Chase, M	22d. PHYSICIAI	N'S NAME (TYPE	OR PRINT							2081	5
	HE.	RBERT	L. TANE	ENBAUM.	M.D.	5480 Wisc	onsin Ave.,	Che	204 C	hase	, M
230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION						EMETERY OR CREMATORY	23d LOCATION				_

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR gold be detached iff the State Dept APORTANT II IN

Burial

Burial 12-18-1986 Mt. Lebanon Cem. Hyattsville, Maryland
PA FUNERAL DIRECTOR Rockville, Maryland
Danzansky-Goldberg Chapels; 1170 Rockville Pike DEC 19



FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

	REG. N	10.				
	26. DATE OF DEATH	MONTH /2 -	16.	- PG	26. HOU	JR O O N
	6 AGE (INYEARSLAST BI	YRS.	MONTH		IF UNDER	MIN,
	9 BALTIMORE CITY	omen	1	Co.		MD
	12a USUAL OCCUPAT {TYPE OF WORK FOR MOST TEACHE		JIFE) IN	SCH		
	130.STREET ADDRESS	1 0	DE .	2	087	4
Al	STA	/	201	BES	ON	,
	ADDR	ESS/69:	72	NORU	Inn	Del
17	TH S	ANDY	151	RING	-Ma	208
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	Melician Rollin	reis	5/	RING	Ma	208
6	Do Sun	reis	5/	APPROXIDATION OF TRAVE	MATE INTE	208
9	Ro lu	NOITION GI	VEN IN	APPROXIDATION OF TRAVE	MATE INTE	DEATH DES

DECEASED NAME MIDDLE 162 4 RACE 5. DATE OF BIRTH YEAR ChULASIAN 01 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF 13d. INSIDE CITY LIMITS? YES 🔀 LIALATOUR NO \square 14. FATHER'S NAME 15 MOTHER'S MAIDEN N JOSE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL CERTIFICATION prior any 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED burial-transit per Mental Hygiene 21c. HOW INJURY OCCU 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET AT WORK NOT WHILE 220.1 certify that (this hospital) ottended the deceased from. 19 co, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the during of glive an shauld be detached with the State Dept. DEGREE 22c DATE SIGNED ATTENDING MAPORTANT: IF MEDICAL STAFF FUNERAL PHYSICIAN RECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE CREMATION TO DATE REC'D BY REGISTRAR 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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7773	Ulte	REGISTRAN A	K.A. C	AROLIN			ICATE OF DEATH		REG. NO.			
	1.00	CEASED NAME	FIRST		WIDDLE		AST	20. DATE OF	DEATH MO	NIH D	AY YEAR	2b. HOUR
6	(TYPE	ORPRINT)	arr	ie	LS	Sha	ckelford	12-	14 -	86		d:00t
10	3. SE	X	4. F	RACE		5. DATE C		6 AGE (INY	EARS LAST BIRTHD		IF UNDER 1 YEAR	IF UNDER 24 HRS
,		Female		White		Feb.	5 1895	91		YRS.	ONTHS DAYS	HOURS MIN.
1151		RTHPLACE (STATE OR F			WHAT COUNTRY?	8. MARRIE	NEVER MARRIED		RE CITY OR		OF DEATH	
within T	Wa	shington,	$\mathcal{D}.\mathcal{C}.$	u.s.	A.	WIDOWE	DIVORCED	□ Mon	itgomer	.y		ME
1771	10. C	TY OR TOWN OF DEA	TH 13.	NAME OF	HOSPITAL, NURSING	G HOME C	R OTHER INSTITUTION		OCCUPATION			F BUSINESS OR
2		koma Park		Washin	igton Adve	ntisi	t Hospital	Home	maker	· ORKING LIFE	Homen	naker
pe pe	13a. S	AL RESIDENCE (IF NURSI STATE TYLAND	13b COUNTY	Ge.or.a	13c CITY OR TOWN BY Hyatts	ville	13d INSIDE CITY LIMITS	? 13e.STREET / 2016 F	ADDRESS / Z	ip code in Rd		20782
1		THER'S NAME					15. MOTHER'S MAIDEN					
14	1	George	MIDI	W.	Soller	S	Susan		WIDDIE		Chil	ds
8 7	160 V	VAS DECEASED EVER	N U.S. ARME	D FORCES?	16b. SOCIAL SECUP	RITY NO.	17. INFORMANT		ADDRESS			
1/	1	yes, no or unknown) NO	(IF YES, GIVE W	AR OR DATES)	578-10-4	427	Mildred S.	Cannon	daugh	ter	same o	us #13
E Serv		18. CAUSE OF DEATH	1 (Enter only o	ne couse per	line for to), (b), and	(C1,1					BETWEEN	MATE INTERVAL
nov ent		PART I. DE ATH W	AS CAUSED B	Υ:			MONARY AI	RIREST				
0.00			IMMEDIATE C			•						
. 1	31	Candisinos 14 mm	1:1	DUE TO, O	R AS A CONSEQUE	SEOF F	NEPHALOPA	THY				
推(制)		Conditions, if ony, gove rise to imm	nediote	(b)	11/601	, - 0						
4		couse (o), stating underlying couse		DUE TO, O	R AS A CONSTOLLE	NCE OF						
burtal Jry, or	7	PART 2. OTHER SIGN	IIFICANT CON	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	e or condit	ION GIVE	N IN PART 110)
or ro	CERTIFICATION	19a DATE OF OPERAT	ION	Tipl COND	TION FOR WHICH	DEDATIO	N WAS PERFORMED	20a AUTC	DEV2 I	IN IE VEC	WERE FINDIN	100 11000
200	F.	TAR DATE OF OPERAT	ION	198. COND	ITION FOR WHICH	SPEKATIO	N WAS PERFORMED		1	N CERTIFY	ING CAUSES	
o o o	RT	A ACCIDENT WAS IN A	ENIVE C	21b. TIME C	SE IN LILIDY		11. HOW BUILDY OC	YES .	NO.	YES		NO 🗌
H &		OR CONTRIBUTING			OF INJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCC	LUKKED (ENTER NA	TURE OF INJURY I	NITEM 18 PA	R1 OR PART 2)	
nto Len	MEDICAL	(IF EITHER NOTIFY MEDIC		P.	Μ.	19						
1	ă	21d. INJURY OCCURR	ED.		OF INJURY		211 LOCATION				COUNTY	47.15
kedy	ž	WHILE NOT WH	ILE .	(AT HOME ST	REET, FACTORY, OFFICE, FA	RM ETC)	STREET		CITY OR TOWN		COUNTY	STATE
alth mor	1			attended th	a docascad from	12	16/86 10	40	12/14	- 1	. 86	ab = a (d) (com) l= a)
of Hec		22a. I certify that (1) saw the decease above, (1) (we) (d		107/1	7/5//	, or	nd that in (my) (our) apin	ion death occurre	d on the date	and hour	and from the	couses stated
E D		22b. SIGNATURE	ide (did not) v	ew the body	offer deoth.	_	DEGREE			-	22c DATE	SIGNED
H H			17	allis	In		ATTENDING	G MEDICAL DIRECTOR	STAFF	иΠ	121	14/86
Z		22d. PHYSICIAN'S NA	ME (TYPE OR PR	INT)			22e ADDRESS	- Z DIRECTOR				
th the Sto		MARK			TM.D.			9CT. AU	E COL	600	PARK	- M.
W + W		1,,,,	1 , 1, -1,-1	VI-1-2			10100 14	1-11			7 17 70	1.7.
shoul with 1	22- (1001106	7/04			*

DHMH - 16 60M 7/84 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL (SPECIFY)

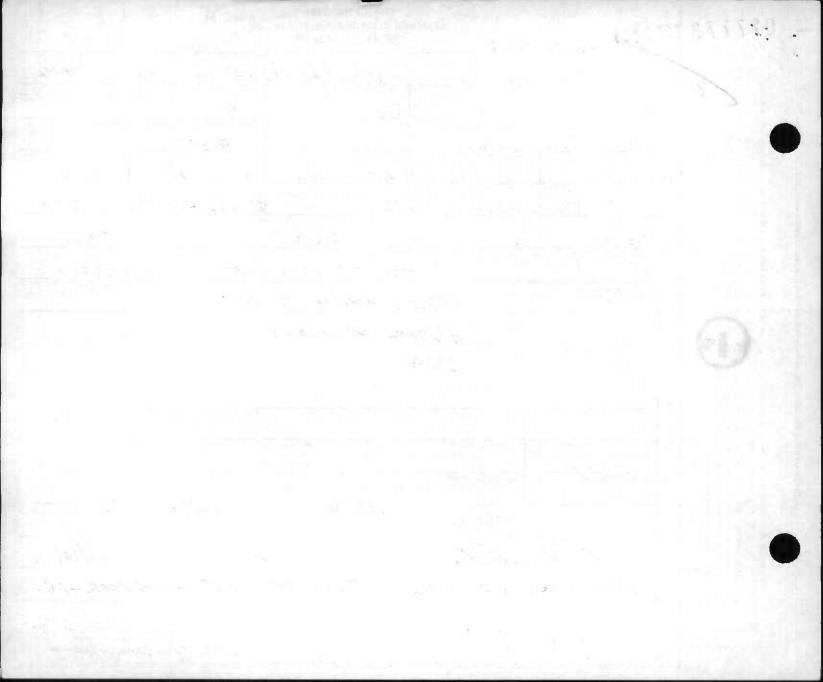
Burial

incoln Cemetery Brentwood Prince Georges M

250 DATE REC'D. BY REGISTRAN 250. REGISTRAN'S SIGNATURE

250 DATE MAIN Md. LIEU 18 1986 July Dender Level

24. FUNERAL DIRECTOR 4 FUNERAL DIRECTOR Francis J. Collinsones Jr.
500 University Blvd. West, Silver Spring, Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

118	OREGISTRAR				CERTIF	CATE OF DEATH		REG. NO.		
	CEASED NAME E OR PRINTI	FIRST YRTL		MIDDLE	SH	ELDON	20. DATE OF	DEATH MONTH	26 El	26. HOUR /
3. SE	emale	4.	RACE	ite	5. DATE C			Z YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
	RTHPLACE (STATE OR F COUNTRY) New Mexic		CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	,	RECITY OR COUNTY		ry M
	ity or town of DEA ensington	TH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution is Nursing H	(TYPE OF WORK	OCCUPATION FOR MOST OF WORKING LIF O1 Teacher	FE) INDUSTRY	of Business of omerv Co
13a. S M	AL RESIDENCE (IF NURS STATE ary land ATHER'S NAME FIRST	Mont g	omery	Bethesda		13d. INSIDE CITY LIMITS YES NO 15. MOTHER'S MAIDEN	5509	Brite Dr.	20	1817
14- 1	Frederi	ck	DOCE SORCES	Dunn 1166. SOCIAL SECU	IDITY NO	Marga 17. INFORMANT	ret	MIDDLE SE	Co	oxx
	YES, NO OR UNKNOWN) N/A		VAR OR DATES)	219-36-83		Grant H. Sh	eldon-so	17820 Tre n Ashton	Md.	Drive 20861 CIMATE INTERVAL ONSET AND DEATH
CENTIFICATION	Conditions, if ony, gove rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA	nediate g the last.	DUE TO, O	R AS A CONSEQUE	ENCE OF TO TO	NO SC WINDOT RELATED TO THE T	ar a	OR CONDITION GIVE		NGS USED S OF DEATH?
600	21g. ACCIDENT WAS UNCOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF GEATH		DEINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCC	YES CURRED (ENTER NA	- Aug S	PART 1 OR PART 2)	NO []
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗔		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) Low the decom- above, (I) (Inc.) (C.) 22b. SIGNATURE THE PHYSICIAN SINE	oh.	view the body	19 5		nd that in (my) (earl opin DEGREE ATTENDINI PHYSICIAI	G MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	that (I) (Solos) couses stated SIGNED COUSES COUSES
	BURIAL, CREMATION,	REMOVAL	23b. DATE 12-30			EMETERY OR CREMATO	RY 23d. LOCA	TION	COUNTY	STATE

DHMH - 16 50M 4/82

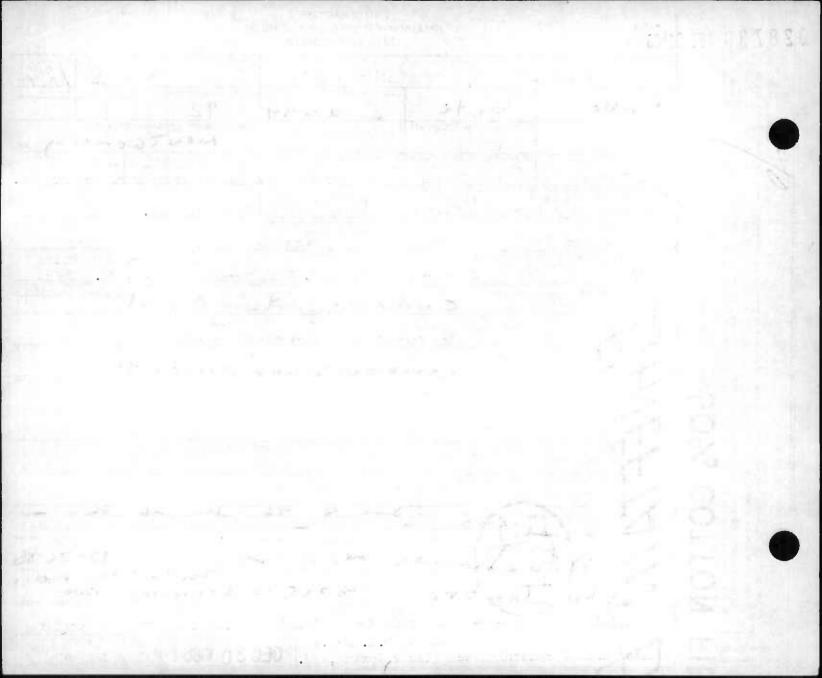
njury, or other troumotic

MPORTANT, If Nem 21 is should be detached for with the State Dept. of

11800 N.H. Ave.,
Hines Rinaldi Funeral Home Silver Spring, Md. (VRA 15, 4)

DEC 3 0 1986 Julia Dicion Pa

Virginia



28009 DE	13	FOR STATE RELISTRAR			DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	TENE O O O	5 4 4 4
ay be oge 3 death		CEASED NAME	hn	Ë	AIDOLE S	/	eman	20 DATE OF DEATH MONTH	15/81 26 HOURSO
ge 4 may ector. po	3. SE	mile	C	CE CUL	sia	5. DATE C	rch 19, 1916	6 AGE (IN YEARS LAST BIRTHDAY) TO YRS.	IF INDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dir		RTHPLACE (STATE OR FORE COUNTRY) Indiana	1.0	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Montgomery	TY OF DEATH MD.
a after o	Bethesda			Gross	enor Heal	th Ca	rother institution re Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	126 KIND OF BUSINESS OR INDUSTRY Attorney
n 24 hou filled in build be	13a		COUNTY Contgor		GIVE RESIDENCE BEFORE 13. CITY OR TOWN ROCKVIII			13. STREET ADDRESS / ZIP COI 18 Monona Cour	20855
ond 2 st	14 F	Roy	MIDDLE		Sheneman		Blanche	MIDDLE	ark
		vas deceased ever in i yes noorunknown) Yes	VW II		215 24 3		John A. Sher	eman (son) same	as 13e
rhificate		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one CAUSED BY: MEDIATE CAU	- 1	The foi (a) b), and	Vd	sculv a	will	BETWEE DEATH
death ce affending ove contrion, at from affe		Conditions, if any, wh	ich (DUE TO, O	AS ACONSTOUE	NCE OF	antries	Polivlais	yen
that the d by the ease rem oil, crema			.1	OUE TO, OR	and m	Ex	elvan	-	"
requires en signed Then pli injury, o	ATION			ITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	Inal disease or condition G	IVEN IN PART 110
The low ion. ion bermit it permit	18	196 DATE OF OPERATION			3 20 111	OPERATIO	N WAS PERFORMED	YES NO IN CERT	ES, WERE FINDINGS USED FEYING CAUSES OF DEATH? (ESNO
SICIAN: 'g physic og physic certificot riol-trans	CAL CERT	214 ACCIDENT WAS UNDERLY OR CONTRIBUTING [] CAUS [W ETHER NOTIFY MEDICALE	OF SEATH	HOUR AA	M. MONTH DA	Y YEAR	11s HOW MUURY OCCURS	ED TENER WATER OF SAME OF SAME OF	PART (ORPART2)
offending offer this of the bull whood Mirked on the bull when the bull whood Mirked on the bull who of the bu	MEDICAL	THE INJURY OCCURRED	10	Te PLACE C	DE INJURY EST. FACTORY, OFFICE FA	ancatca	211 LOCATION	em agram +	COUNTY STATE
Heolt A		77n I certify that II	frequently of	ttended the	defensed light	D	1 00	_ 10_ ANG	10 that (I) JoSlast

TO FUNERAL DIRECTOR

TO FUNERAL DIRECTOR

should be detached for u.

with the State Dept. of H.

DHMH - 16 60M 7/84 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL (SPEC Cremation

23c NAME OF CEMETERY OR CREMATORY
Cedar Hill Crematory

Suitland, Maryland

STATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S-SIGNATUR

60M 7/84 Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852

23b DATE 12/17/86

A SHARL ME THE STATE OF THE STA the state of the s the Character assert of the The telephone of the second of the

	1.	FOR DEPARTMENT OF HEALTH AND M	ENTAL HYGINE FRANCES AHPEFER
26736 DEC	1 8	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFIC	CATE OF DEATH REG NO
F ANY DELAY IS NECESSARY PLEASE AND 3 TO THE FUNERAL DIRECTOR RETAIN PAGE 5 FOR YOUR FILES. ROULD BE FILED WITHIN 72 HOURS RECORRS, 20] W. PERSON STREET	4 1.55	REPART ACE S DATE OF BIRTH LAST SET OF UNDER LAS	THE DATE ENIOWN AND MORTH DAY THE DE HOSE OF ESTI- DEATH MATED DE HOSE DAY THE DE HOSE
ORE, MD. DEATH. II	2	FIRST MIDDLE AST	ER'S MAIDEN NAME PRIST WCY MIDDLE HUFNAE-EL
BALTIMOI S AFTER D GIVE PAG TITH FORM PAGES IV	160.	WAS DEC ASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 176 - 01-53074 GRAC	
RECORDS, 201 W. PRESTON ST., D RE EXECUTED WITHIN 24 BOUR PRODINGS IN PERCILE HTEX AND SA A BURIAL TRAINST AS A BURIAL TRAINST REALTH AND MERTAL YEAR	z	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS.	Cardial Dis Cardi
VITAL RECOR	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFOR	
OF V OF WOOD THE CONTRACT OF WOOD THE CONTRACT OF THE CONTRACT		UNDERLYING OR HOUR A.M. MONTH DAY YEAR ! CONTRIBUTING CAUSE OF DEATH P.M. 19	YES VOCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
0 经保证货票据		216. INJURY OCCURRED WHILE AT WORK 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
MEDICAL EXAMINER. COUTE THE CERTIFICATE FUNERAL DIRECTOR: TRANSPENDENT THE STATEMENT OF THE PROPERTY OF THE PR	1	27a. I certily that I took charge of the remains described above, held on Autopsy, death resulted from: Natural causes	Inspection Inquiry I, ond in my opinion cide I Undetermined monner I, SPECIFY) MEDICAL EXAMINER 1919 SEMINARY RD. S.S.MD
07/84 BP	23a.	SURIAL CREMATION, REMOVAL 236. DATE, 236. NAME OF CEMETERY OR CREMATE SURIAL 12/10/86 FT. LINCOLN (2)	ORY 13d LOCATION COUNTY TOWN OR FORENTWOOD - PG- MD.
25M DHMH - 17 (VR A15 ME (5)	_	AKOMA WNERAL HOME - N.W. D.C. 2001Z	DEC 1 0 1986 Julia Davidson Rondows

PER TRAIN TO A CONTROL OF THE PER TRAIN 026736 661115 SHEFFER D MENNA MENERAL MARKET MARKET MARKET THE STATE OF THE PARTY OF THE P cibes 304 kinds care in now month promotioned an SHEFFE LOCK HOUSELL THE OF STOPH GRACE M. SHEWER. THAT MALLY AME THE From 12 of the State of the State of the Late.

28749

DEC 31

in by the funeral director, page 3 of filed within 72 hours offer death

STATE OF MARYLAND

1. DECEASED NAME FIRST MIDDLE LAST 2a DATE OF DEATH MONTH (TYPE OD RINT) Alza B. Shiflet Dec	22 86 9:30
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY 1894 92 YEAR 1. SEX 9. PERMANE 92 YEAR 92 YEAR 92 YEAR 92	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70: BIRTHPLACE STATE OR FOREIGN 70. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMETY	
10. CITY OR TOWN OF DEATH Gaithsburg 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FINOT IN SUCH EACHITY CRESTREET ADDRESS) WILSON Health Care Center 12. USUAL OCCUPATION (IXPE OF WORKFOR MOST OF WORKING Secretary)	IZE. KIND OF BUSINESS OR INDUSTRY GOV t.
USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CTY OR TOWN 134. INSIDE CITY LIMITS? 135. STREET ADDRESS / ZIP COUNTY 136. STREET ADDRESS / ZIP COUNTY 137. STREET ADDRESS / ZIP COUNTY 136. STREET ADDRESS / ZIP COUNTY 137. STREET ADDRESS / ZIP COUNTY 137. STREET ADDRESS / ZIP COUNTY 138. STREET ADDRESS / ZIP COUNTY 139. STREET ADDRESS / ZIP COUNTY 130. STREET ADDRESS / ZIP COUNTY 131. STREET ADDRESS / ZIP COUNTY 132. STREET ADDRESS / ZIP COUNTY 133. STREET ADDRESS / ZIP COUNTY 134. STREET ADDRESS / ZIP COUNTY 135. STREET ADDRESS / ZIP COUNTY 135. STREET ADDRESS / ZIP COUNTY 136. STREET ADDRESS / ZIP COUNTY 136. STREET ADDRESS / ZIP COUNTY 137. STREET ADDRESS / ZIP COUNTY 138. STREET ADDRESS / ZIP COUNTY 137. STREET ADDRESS / ZIP COUNTY 138. STREET ADDRESS / ZIP COUNTY 137. STREET ADDRESS / ZIP COUNTY 138. STREET A	
14. FATHER'S NAME FIRST MODIE Rufus P. Cain Mary 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MARY	Pettit
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) IF YES, GIVE WAR OR DATES) 579-05-4177 Fileen S. Rector Same as it	tem # 13
Canditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last. Canditions Stoting the underlying cause last. Called (a) Canditions Called (b) Canditions Called (c) Canditions Canditions Called (c) Canditions	approximate interval artiween onset and death 1 hr 5 yrs
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE TER	GIVEN IN PART I to YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. MOINTH DAY TEAK (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
ALWORK ALWORK	COUNTY
27a certify that (1) (this hospital) attended the deceased from 20 100V , 19 14 , to DEC saw the deceased alive an 100 c , and that in (my) (aur) apinian death accurred on the date and base (1) (we) (did not) view the body after death.	hour and fram the couses stated
DEGREE DEGREE ATTENDING MEDICAL STAFF	12/23/86

TO FUNERAL DIRECTOR: After should be detoched for with the State Dept. of h IMPORTANT: If them 21

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL Burial 1/12/87 Arlington Joseph Gawler's Sons, The NAME 5130 WI Ave. NW 20016 DDRESS

John M. Wyman M.D.

23c. NAME OF CEMETERY OR CREMATORY Arlington Cem.

Arl VA

7801 Norfolk Ave., Bethesda, Md.

COUNTY

STATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 2 9 1986 Julia Michael Ro Aulia Kindson Pardall

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t one car	15209 incide	75	gradere is be	Crossinol.	
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E2 a rest	no ecsa novom	и продал			0
70.7			Adv		
	1 of \$5.00		- Jan thus		

Street, env.

BETTE SHIPMAN DEATH MATED 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS 2c DATE 56 YRS PRONOUNCED Apr. 30.1930 Female DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY) Montgomery USA DIVORCED New Jersey O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK Devilwood Drive FOR MOST OF WORKING LIFE, Coordinator Potomac Montgomery | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | YES X NO | | 12107 Devilwood Drive Potomac Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME Goldkoph Stella David ADDRESS POLOMAC, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO, OR UNKNOWN) Jerome S. Shipman; 12107 Devilwood Drive 158-20-9376 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION WRITING THE WORD "PE ARDED TO THE CHIEF A AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HE/ 1201 PR OR TO BURIAL, (19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM FTC 1 CITY OF TOWN EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BARTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Inspection Hamicide Undetermined monner death resulted fram Accident TITLE (SPECIE) EXAMINER'S NAME

24 FUNERAL DIRECTOR ADDRESS CHVILLE, Maryland Pike Danzansky-Goldberg Chapels; 1170 Rockville Pike

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial

24 FUNERAL DIRECTOR

07/84

BP

DHMH - 17 (VR A15 ME (5)) - STATE REGISTRAR

TE OF MARYLAND DEPARTMENT OF LEALTH AND MENTAL HYGIENE

231. NAME OF CEMETERY OR CREMATORY

12-28-1986 B'nai Abraham Cem.

20 DATE KNOWN

0

Kapner

20 AUTOPSY? YES 🗌

COUNTY

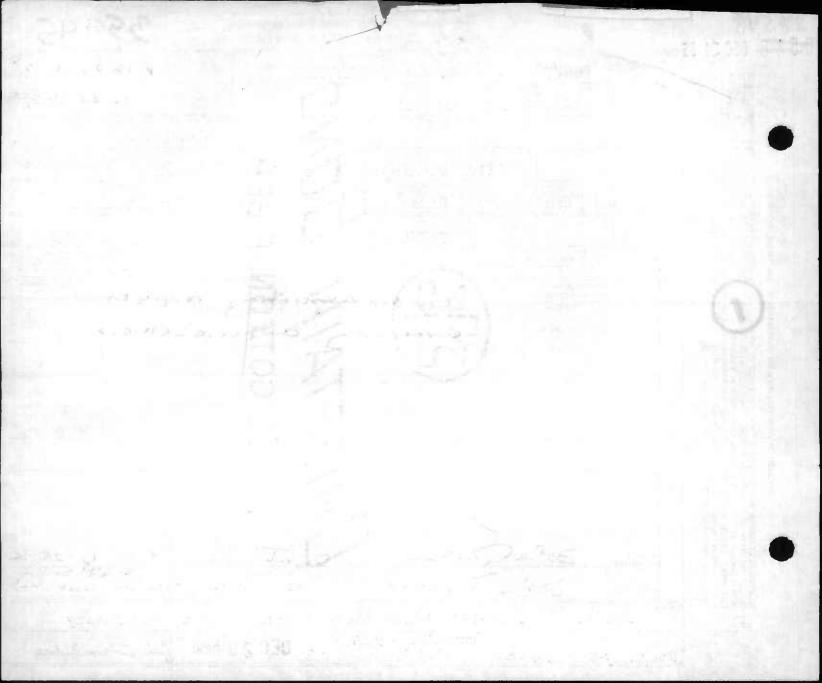
Union. New Tersey

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STATE

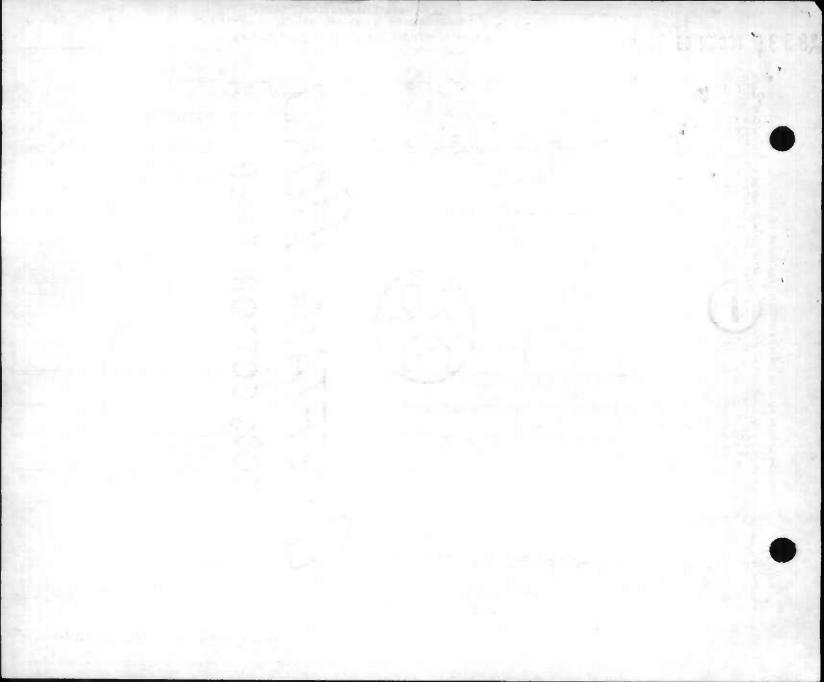
126. KIND OF BUSINESS

2d HOUF



		EASED NAM	AE FIRST		MIDDLE		LAST	2a. DATE OF	KNOWN A	MONTH DAY YEAR	2b. HOUR
ET, ES.	,,,,,		Suzan	ne	Queen	Sh	nort	DEATH	MATED XX	12-1919 86	M
3 TO THE FUNKRAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DO BE FILED, WITHIN 72 HOURS RDS, 201 W. PRESTON STREET,	3. SEX	male	Cauc.	5. DATE OF BIRTH MONTH DAY July 24	YEAR 6. AGE (IN YEAR LAST BIRTHE	AY) MONTH		HRS. 2c. DATE PRONOUN DEAD	NCED	12-20 ₁₉ 86	2d HOUR 5:30 p. M
PREST(FOR	RTHPLACE (REIGH COUNTRY) Shing	ton, DC	7b. CITIZEN OF W		8. MARRII WIDOW	ED NEVER MARRIED		norecity or c toomery	County,	MD.
00	-	ockvi		11. NAME OF HOS	PITAL, NURSING HOM CILITY GIVE STREET ADDRESS Pabbs Bra	e, or other	ER INSTITUTION 12	FOR MOST OF WOR Bank T		work 12b KIND OF BU OR INDUSTI Banki	RY
SECORDS -		RESIDENCE Cylan	d Mont	e or other institution, G INTY Gomery	13c. CITY OR TOWN ROCKVIL		13d. INSIDE CITY LIMITS?	street addre	Crabbs	20855 Branch Wa	ay
5		THER'S NAM	an	MIDDLE L.	Queen		Winifred	AME "	MIDDLE	Rabb	
5,		S, NO, OR UNKN	ED EVER IN U.S. A IOWN) (IF YES, GI	NRMED FORCES? VE WAR OR DATES)	215-52-1	971A	Mrs.Dean	C. Que	AD374516 een Oln	Queen Maley, MD 208	
OR REMOVED		Canditio	DEATH WAS CAUS IMMED ans, if any, which rise to immedia a) stating the under	DUE TO, OR (b)	riazolam AS A CONSEQUENCE	OF	xication				
- 20		lying co	iuse last.	(c)	AS A CONSEQUENCE	<u></u>	100				
	NOI	PART 2 OTHER	SIGNIFICANT CONOITIO	(c)	BUT NOT RELATED TO THE TERM	MINAL DISEASE		I (a).			
AL, CREMATION,	TIFICATION	PART 2 OTHER		(c)	BUT NOT RELATED TO THE TER	MINAL DISEASE	order	l ioi.		20 AUTOPSY:	? NO []
AL, CREMATION,	CAL CERTIFICATION	PART 2 OTHER S 19a. DATE O 21a EXTERN UNDERLYIN	SIGNIFICANT CONOITIO	Neur 19b. CONDI	BUT NOT RELATED TO THE TERM OMUSCUlar TION FOR WHICH OPE FINJURY A. MONTH DAY YEA	MINAL DISEASE dis ration w.	order AS PERFORMED?		JURY IN ITEM 18 PART	YES X	
TE DEPARTMENT OF HEALTH AND MEN 201 PRIOR TO BURIAL, CREMATION, C	MEDICAL CERTIFICATION	lying co PART 2 OTHER: 19a. DATE O 21a EXTERN UNDERLYIN CONTRIBUT	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG SORP 1 TING CAUSE OAUSE O	NO U Y 19b. CONDI 21b. TIME O HOUR A.A. F DEATH P.A. 21c. PLACE STREET, FAC	BUT NOT RELATED TO THE TERM OMUSCUlar TION FOR WHICH OPE FINJURY A. MONTH DAY YEA	MINAL DISEASE dis ration w. 21c. HC	order AS PERFORMED? DW INJURY OCCURRED bject inge CATION IREET	LENTER NATURE OF IN 2 S t 2 d t CITY OR TO	riazol	YES X	NO - STATE
TAGES 3 POUND BE OSED AS BOTH THE THAT THE DEPARTMENT OF HEALTH AND ME. 21201 PRIOR TO BURIAL, CREMATION, C		Iying co PART 2 OTHER: 19a. DATE O 21a EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS IG ORPYI CAUSE O OCCURRED NOT WHILE AT WORK tify that I took che lited fram: No	(c)	BUT NOT RELATED TO THE TERM OMUSCULAR TION FOR WHICH OPE FINJURY A. MONTH DAY YEA A. 12 1919 8 OF INJURY (AT HOME. TORY, FARM, ETC.) TORY, FARM, ETC.)	MINAL DISEASE dis RATION W. 21c. HC	order AS PERFORMED? DW INJURY OCCURRED bject inge CATION IRREIT 09 Crabs I Homicide TITLE (SPECIFY)	LENTER NATURE OF IN 2 S t 2 d t CITY OR TO	Way, R	YES X	NO O
TAGE 3 SHOULD BE USED AS A BURIAL. TATE DEPARTMENT OF HEALTH AND MEN 21201 PRIOR TO BURIAL, CREMATION, C	MEDICAL	lying co PART 2 OTHER: 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 220. I cer death resul	SIGNIFICANT CONDITION OF OPERATION IAL CAUSE WAS IG ORP 1 ING CAUSE O OCCURRED NOT WHILE AT WORK tify that I took che the fram: No	(c) NO U T 19b. CONDI 19b. CONDI 21b. TIME O HOUR A.A. P.A. 21c. PLACE STREEL FACE 19c. PLACE STREEL FACE 19c. PLACE 19c. PLACE 19c. PLA	BUT NOT RELATED TO THE TERM OMUSCULAR TION FOR WHICH OPE FINJURY A. MONTH DAY YEA A. 12 1919 8 OF INJURY (ATHOME. TORY, FARM, ETC.) TORY, FARM, ETC.) Me scribed above, held an Accident 2, So ane, M.D.	MINAL DISEASE dis RATION W. 21t. HC S S U 21t. LC S S U Autops M.	order AS PERFORMED? DW INJURY OCCURRED bject inge CATION TREET O9 Crabs I Homicide TITLE (SPECIFY) D ASSISTANT ADDRESS 111 Pe	Sted to Stanch Inquiry Undetermined me	Way, R Way, R and in nonner X,	YES XX TIORPART 2) am Montg. Co Rock ville. my apinion DATE SIGNED 12-21	NO - STATE Md.

NIP



STATE OF MARYLAND

O JAI	1	FOR, STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. NO.			
A		CEASED NAME	FIRST		AIDDLE	apó l	A51 .	2a. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
17		3. () ()	ARN	OLD PAI	L SIEGFR	TED		DECEMBER 21 1986 12:56			
	3. SE	X		. RACE		5. DATE		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
TANK.	M	ALE		CAUCAS	SIAN	oci	OBER ⁰ ^26 1 9 19 9	67 YRS		DAYS	HOURS MIN.
9 19		RTHPLACE (STATE OR FO	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DE		F DEATH	
8/		EW JERSEY		UNITED	STATES	WIDOWI		MONTGOM	ERY		M
P-27	10. C	TY OR TOWN OF DEA	1		OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL		120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) RETIRED 12b. KIND OF INDUSTRY U.S.A		A.F.		
VIRGINIA		UI COUNT	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS OUNTY 13t. CITY OR TOWN ATRFAX VIENNA			136 INSIDE CITY LIMITS? YES NO []	136 STREET ADDRESS / 118 JAMES	ZIP CODE DRIVE	,SW	22180/	
31	14. FA	ATHER'S NAME FIRST MILT		THUR S	15. MOTHER'S MAIDEN NA			RUDE AUDREY	SWARTZ	LA!	51
13		VAS DECEASED EVER I YES, NO OR UNKNOWN) YES	(IF YES, GIVE	MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 2-1968 715-03-8873 PERLE SIEG				ADDRE		VE,SW,	VIENNA,
of result th		18. CAUSE OF DEATH PART I. DEATH W.	AS CAUSED	BY: CAUSE (o)		D ABD	OMINAL AORTIC	ANEURYSM		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
other fraumano		Conditions, if any, gave rise to imm couse (a), stating underlying couse	nediate g the	(b)_	R AS A CONSEQU						
PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNI		HEICANT CO	ONDITIONS CO	INTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN	V IN PART 1:	o .	
		ION	19b. COND	TION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY? YES X NO			NGS USED OF DEATH?	
		AUSE OF DEAT	HOUR A.M. MONTH DAY YEAR				RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PAR	1 1 OR PART 2)		
WHILE NOTE WHILE AT WORK AT WORK	S	ALEXAMINER)	F.4	VI.	19						

the deceased alive on DECEPTIBER 21
ve_ (1) (we) (did) (did not) view the body after death

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING **PHYSICIAN** 22e ADDRESS NAVAL HOSPITAL

22c. DATE SIGNED

DEGREE

BETHESDA, MD 20814-5011

J. M. GUINEE, LT, MC, USNR 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CREMATION

12/23/86

23d LOCATION

METROPOLITAN CREMATORY ALEXANDRIA, VIRGINIA

FUNERAL DIRECTOR RICHARD RAPP, INC. 1804 TST., N.W., WASHINGTON, D.C. 20009 24 FUNERAL DIRECTOR

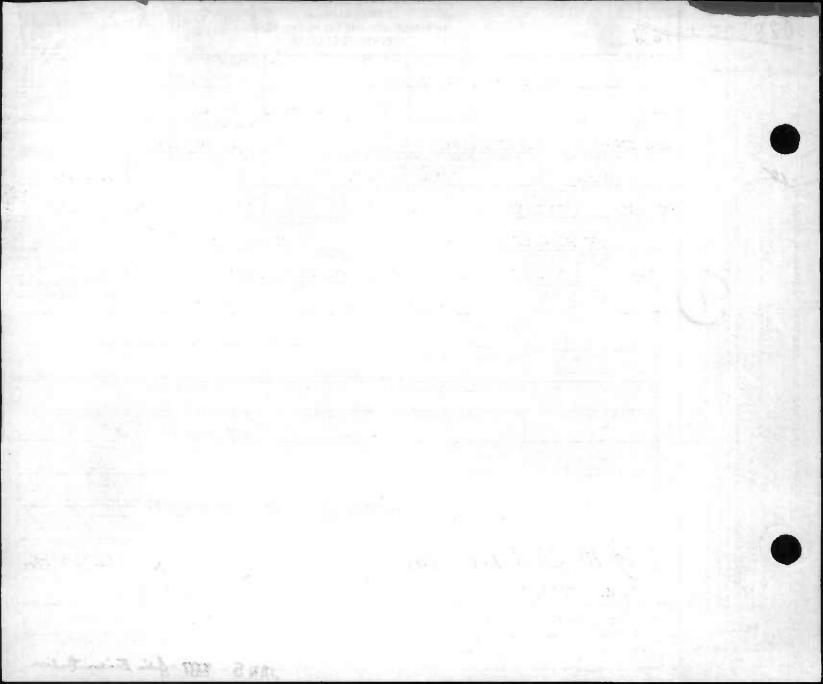
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH 16,50M 7/84

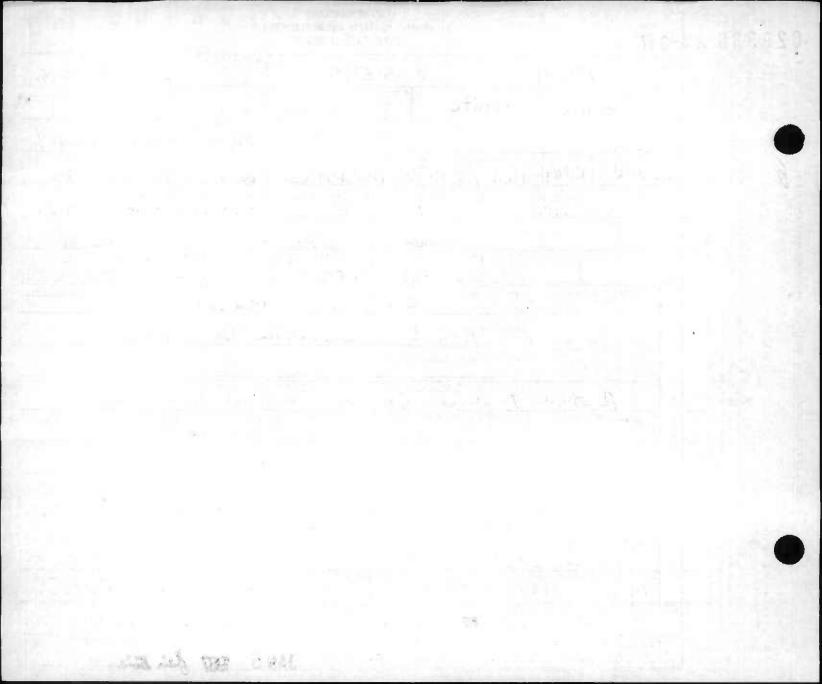
TO FUNERAL DIRECTOR

should be detact

IMPORTANT



0 2	2 (9336	JAN		m # 6,13d,14 FOR STATE REGISTRAR	8 23d,	Film G		ARTMENT OF H	E OF MARYLA EALTH AND N ICATE OF D	AENT AL HYG			3 3	ं य दं
6		oy be age 3 deoth		1. DE	CEASED NAME	FIRST		MIDDLE J.		EMS		26. DATE OF DEAT	1 2	29 86	26 HOUR 10:14PM
		oge 4 mo		3. SE	Femo	ale		nite	S. DATE (1892	6 AGE (IN YEARS LA	94 YRS		
		deoth. P funerol d thin 72 ho	35	Ma	RTHPLACE (STATE OF COUNTRY) Aryland TY OR TOWN OF DE		U.S.A.		MARRIE WIDOWE		ORCED [MON7	GOM	ERY CC	DUNT YMD.
1201	1	in by the e filed wire	28	SI	LVERSP	RING		Y CR		OSPIT	AL	Type of work for M Housewi	OST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR Home
LAND 2		hin 24 ho sly filled should b	35	Ma	AL RESIDENCE (IF NUR TATE Aryland THER'S NAME	P.G.	ſΥ	Belts		13d INSIDE CITYES (X)	NO 💢	13e STREET ADDRE			20705
E, MAR		complete	60	Inc. V	John VAS DECEASED EVER	J	AFD FORCES?	Kin		E	ersi vina	MIDD			ss1e
LTIMOR		ion ond c			ES NO OR UNKNOWN)	(IE YES, GIVE	WAR OR DATES)	213-50	-4211		(3011)				land 2070
N ST., BA		certificate k ing physicio rbanpapers r removal.			PART I. DEATH V	VAS CAUSED	BY: CAUSE (o)		Cdv	el, re	2 F	RRELL	č -	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	W.Call	for the attend		er.	Conditions, if ony gove rise to im couse (0), stoti underlying cous	mediote ng the	(b)_	RAS A CONSI	roscler	otre o	Valrut	an Harr	DIA	eno-	
CORDS, 20		beer beer garden and the relative to		ATION		To se	Fair	hne	TO DEATH BUT	Troll	~ Test	INAL DISEASE OR C	12m 01	es, were find	INGS USED
ITAL RE		at The lo racion. one hos onsit per fygiene p	2	CERTIFICATION	210. ACCIDENT WAS UN	DERLYING	21b. TIME C			21c HOW INJ	IURY OCCURR	YES NO	4	TIFYING CAUSE: YES B PART I OR PART 2)	NO [
VISION OF		G PHYSICIAN attending phy or this pertific the burigitor and Mental P	7	MEDICAL	OR CONTRIBUTING [] (IE EITHER, NOTIEY MEE 21d INJURY OCCUR WHILE [] NOT W AT WORK AT WO	RED	P. 21e. PLACE	M. MONTH M. OF INJURY REET, FACTORY, OF	19	211 LOCATIO			OR TOWN	COUNTY	STATE
0		attending mights or ECTOR at ad for use or or of Health m 21 is more			220.1 certify that (I sow the deceadobove, (I) (www)) (this hospital	Decan	nha 29.	19 86 , 01	nd that in (my) +	, 19 65 our) opinion o	deoth occurred on the	mk 2	our and from the	that (I) (wa) lost couses stated
		O HOSPITAL OR named by the 1 O FLINERAL DIR would be detective the State Dec	1		226, PHYSICIAN'S N		Off Ltsch	fuls	47. D	A1 PI 22e. ADDRESS	5	MEDICAL PH		Silve.	129 186 5 gring
	1	BP-	_		URIAL, CREMATION SPECIFY) Buria	, REMOVAL	23b. DATE 01/02		231 NAME OF C	EMETERY OR CI	REMATORY	m B CLT		Ballimo	
	C	OHMH - 16 60M 7/ (VRA 15, 4)	/84		ranciscoas 739 Baltin	ch's S	ons Fu	neral B	lome, P.	Α.	25a. DATE	Woodlawn E REC'D. BY REGIST	RAR 25b. REGI		



STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR YSOn Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

12/15/86

230 BURIAL, CREMATION, REMOVAL

Burial

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 151986 Julia Devideon Rom Julia Devideon Randale

Brentwood, Maryland

236 LOCATION

26 HOUR

FUNDER 24 HR

Wash. Term.

IF UNDER 1 YEAR

Aiken

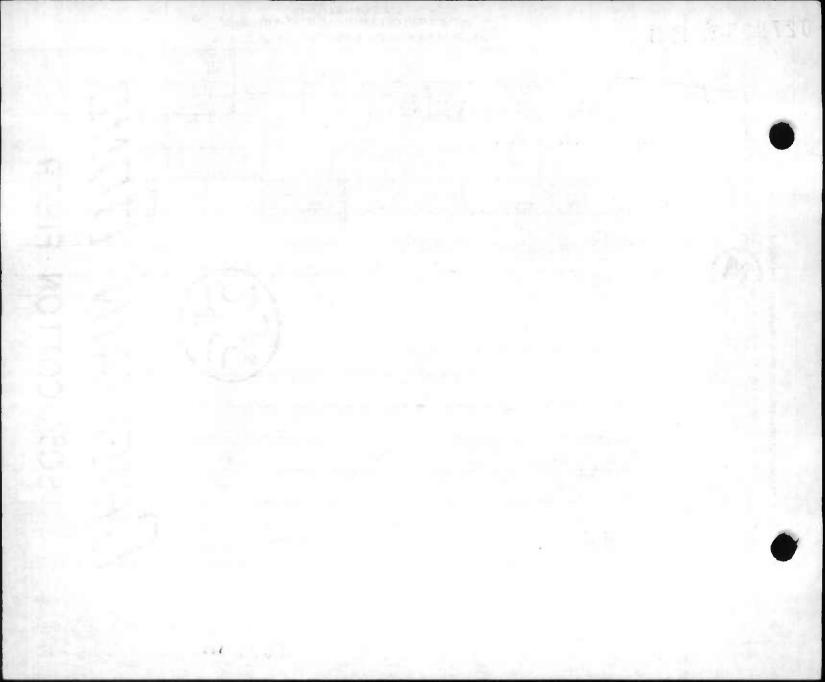
YES T

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

STATE

22t DATE SIGNED

- 7 LE W



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATI

DATE OF BIRTH MONTH

H	REG. NO.				
	20 DATE OF DEATH MONTH	~ S	YEAR 6	2b. HO	UR 444
	6 AGE (IN YEARS LAST BIRTHDAY)	IF I	UNDER I YEAR	IF UNDE	R 24 HRS
AR 2	64	RS MON	THS DAYS	HOURS	MIN.

Male Caucasian . BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia United States WIDOWED LA CITY OR TOWN OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

Montgomery County, 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Auto Mechanic Retail

9. BALTIMORE CITY OR COUNTY OF DEATH

Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY

Montgomery

MIDDLE

(IF YES, GIVE WAR OR DATES)

WW II

13c. CITY OR TOWN Rockville

403 Cedar Lane/ 20851 NOF 15. MOTHER'S MAIDEN NAME Leora

MIDDLE Lee

Franklin 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

Yes

Maryland

4. FATHER'S NAME

- CSTATE

GISTRAR I. DECEASED NAME (TYPE OR PRINT)

ame

Singhas 166 SOCIAL SECURITY NO 226-26-3921

17 INFORMANT Helen G. Singhas

Same as # 13.

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Allest Respirtory 16 00 100 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF F.ilure 30-41 ALUTE Respirtory Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3 D.VI underlying cause lost. prevano wie RUL

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

(0 m A Hypelas molor

19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF INJURY

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

71n ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR P.M. 21. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION

13e STREET ADDRESS

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 86

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

226. SIGNATURE

above, (1) (we) (did) (did not) view the body after death

DEGREE

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 12-12-86

STATE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive on_

MAYO, MO Fr.NK J.

22e ADDRESS

16220 Frederick Rd. 4213 Guither burg, Md 20177

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

12 -10

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Dec. 13,1986 Metropolitan Crematory Alexandria

DHMH - 16 50M 4/B2 (VRA 15, 4)

0

be deto e Stote l

should be

prior

Hem

24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA | 250. DATE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE 300 West Montgomery Avenue Rockville, Maryland

COUNTY

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked at Item, 8 shows any injury, ar other traumatic event, the

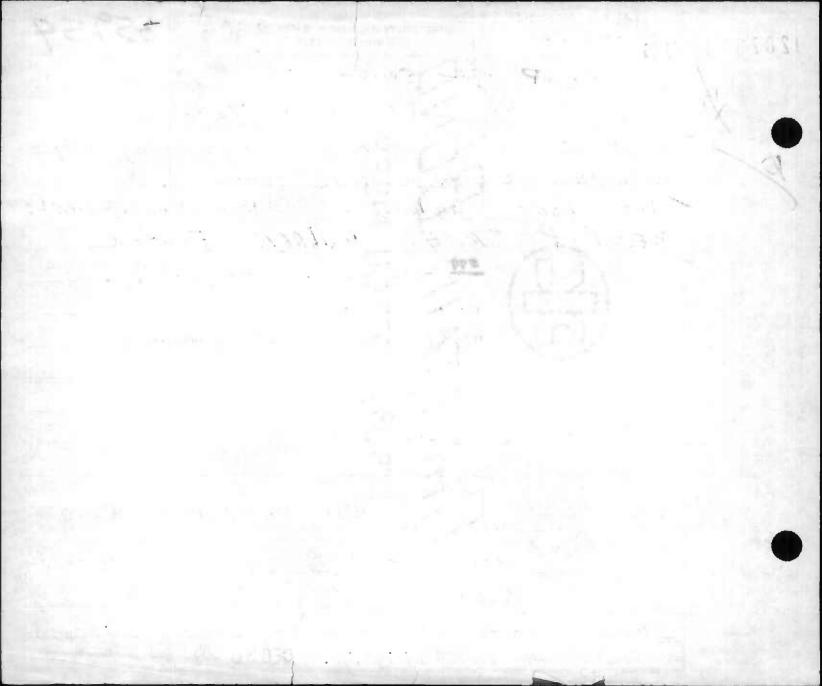
STATE OF MARYLAND

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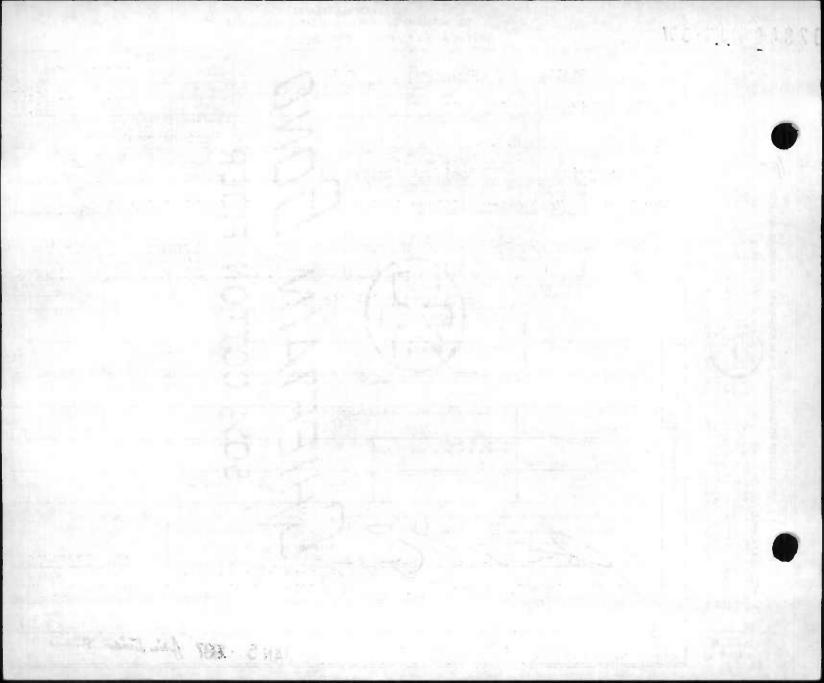
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF TATE CERTIFICATE OF DEATH REG, NO.									
ı	DECEASED NAME FIRST	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOU	R			
1	(TYPE OPPRINT)					2	19 86	25	6.	
4	Sophie 3 SEX 14 RACE		Slan	NE DIDTU	6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER	2.1 HRS	
1	3. SEX	RACE .		DAY YEAR			MONTHS DAYS	HOURS	MIN.	
	TEMALE VAUCASIAN		Dec	. 15, 1900	86 YRS.					
2	70. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?		? 8. MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
1	Russia USA		WIDOWE	DIVORCED	Montgomery MD.					
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A			OR OTHER INSTITUTION	126 USUAL OCCUPATION 126. KIND OF BUSINESS OR				SSOR	
	Wheaton Wheaton Manor Care			Nursing Home Homemaker						
120	USUAL RESIDENCE (IF NURSING HOME OF		RE ADMISSION)		La cenera con nece	/ 71D CO	20	902		
ı	Maryland Mon		Spg.	13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS			vd.	West	
Н	14. FATHER'S NAME	egomery bir.	pba.	IS, MOTHER'S MAIDEN NAM		V C T L	JI CY DI	va.	1100	
ij	FIRST	MIDDLE		FIRST	MIDDLE		Feldman			
		Kopel Besno		Rose	ADDRESS					
		IVE WAR OR DATES)						Maryl.		
	No -	217-46-	5177	Melvin Slan,	Son; 11728	Bec.				
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						BETWEEN	BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) STROKE									
	DUE TO, OR AS A CONSEQUENCE OF							DET	ji.	
	Conditions, if any, which ((b)						300			
	gove rise to immediate			10 10						
	couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF						WH 155%			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
		CONDITIONS CONTRIBUTING IC	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	IVEN IN PART II	D		
	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY		HODEDATIO	IN MAKA S PEDEODAMED	200 AUTOPSY?	Tools IF V	ES, WERE FINDIN	NGS LISER		
			n OPERATIO	IN WAS PERFORMED		TIFYING CAUSES	NG CAUSES OF DEATH?			
_	T			In the state of th	YES NOXX		YES	NO [
	OR CONTRIBUTION CALLET OF DE	LICURA A MA MONITUL C	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	B PART I OR PART 2)			
	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		TOTAL OF FIRE					
	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJURY	EADM ETC \	21f LOCATION	CITY OR TO	NWN	COUNTY	5	TATE	
	WHILE NOT WHILE AT WORK	TAT TOME, STREET, TACTORT, OFFICE	1			4.55	0.			
	220.1 certify that (1) (this hasp	pital) attended the deceased from	10	4 1980	, to	9	1906	that (1) (v	ve) lost	
	sow Wadecensed plive for			nd that in (my) (aur) apinion	death accurred on the d	ate and h	our and from the	couses sto	ited	
	oboth (II) we stidl (did no 22b, SIG* A DIRE	of I view the body titler death.		DEGREE			22c DATE	SIGNED		
	Market	^ /		ATTENDING	MEDICAL STA	FF _	12	10 8		
_	220, PHYSICIAN'S NAME (TYPI	4		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	EIAN []	12	17 10	0	
	220 PHYSICIAN'S NAME (TYPIL			CO. C	. A. C		?	41.		
	VARK H.	EIG, M.D.	70 - TED	1301 A 20181	+ HVE JU	VEN .	HEINE	MD		
	230. BURIAL, CREMATION, REMOVAL	L 236 DATE 23c	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	100	COUNTY		TAIF	
	Burial	12-21-1986	Beth	Sholom Cem.	Capit			laryl	and	
	24 FUNERAL DIRECTOR	Rock	ville,	Maryland 200A				URE		
	Danzansky-Goldber				24 1960	Julia	Davidson:	Randa	LA.	

		-	item 16b fil	m G628	STATE OF MARYLAND		- C9 - M
1207	7 0 0 0 0 0	1.	STATE 3-6-87 T I	DEPART	MENT OF HEALTH AND MENTAL	HYGIENE &	カフトライ
1001	3 3 UEC	3	REGISTRAR EASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 15 HOLD
ō	m # /	(TYPE	CEASED NAME FIRST OR PRINT) KEI		SMITH	10. DATE OF DEATH MONTH	26 86 70 M
ay b	death death	2.05	-	· A. RACED	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNIVER 24 HRS
4 E	offe. A	3 SE	4.4	1. KACE	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
O o de	direc	7a 81	RTHPLACE (STATE OR FOREIGN	hite 76. CITIZEN OF WHAT COUNTRY?	10 21 14	9 BALTIMORE CITY OR COU	
€ F	35	1	NASH DC	VI SA	MARRIED NEVER MARRIED		
178	12	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	2b. KIND OF BUSINESS OR
14	THO X	ST	LUER SPRING	IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	TYPE OF WORK FOR MOST OF WORKE	
/	1 1 1	USU.	AL RESIDENCE IN NURSING HOME		Manier di)	Excavation Co.	Self Employed
2	ですっ	13a S		NG SING	YES NO T	130 STREET ADDRESS / ZIP C	LOCKHAVEN UP
YLA	d. /6-	III FA	THER'S NAME	One of hell	15. MOTHER'S MAIDEN		
WA WA	93/00)	KEMP.	SMITH	Mahe		Byer
RE,	and co	16a V	VAS DECEASED EVER IN U.S.		IRITY NO. 17 INFORMANT	ADDRESS	mingdale Court
W e e	Page:		res. NO OR UNIVANI) (IF YES	N/A 574-03-2	081 Daniel K. S	mith-son Derwo	od, Md. 20855
BALTIMORE, MARY	ysicio appers val. t, the		18 CAUSE OF DEATH (Enter	only one couse per line for to), (b), on	d ICE.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	and ema		PART I. DEATH WAS CAU IMMED	IATE CAUSE (0) Pul mo	racy tder	9	e e
0 £	carb , or r			DUE TO, OR AS A CONSEQUE	ENCE OF	Static Colon Car	lectional)
dea dea	atte nave atian raum		Conditions, if any, which gove rise to immediate	(b) Malis	giant, Meta	State Colon (an	aine
* + he	the rem		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
olt s	ed by ilease raf, e	14		((c)			
os, 2	signe a bu jury,	Z	PART 2. OTHER SIGNIFICAN	IT CONDITIONS <u>CONTRIBUTING TO I</u>	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	I GIVEN IN PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certifi	int. The	CERTIFICATION	198, DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b I	F YES, WERE FINDINGS USED
- REG	has b perm	IFIC	Feb. 83	Courses	in Sommed as		ERTIFYING CAUSES OF DEATH?
/ITA	ransit Hygie	CERT	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OC		
OF V CIAN	certific rial-tr ental t		OR CONTRIBUTING CAUSE OF I	DEATH	AY YEAR		
NO HYSI	buri Meri	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
IVIS IG P	s the s and and rked	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE F	ARM, ETC)		5,111
Q 407	s ma		22a.1 certify that (1) (this ha	spital) attended the deceased fram_	7 12 19	76,10 12/2	19 86 , that (1) (we) lost
TTE	of H of H		saw the deceased alive above, (1) (we) (did) (did	on 12 22 19 not) view, the body ofter death.	ond that in (my) (our) opin	nion death accurred on the date and	I hour and from the causes stated
DR A has	DIRECTOR DIR		226 SIGNATURE	14	DEGREE		22c. DATE SIGNED
AL O			NI	/ (aleus	ATTENDIN PHYSICIA		12/26/84
SPII d b	FUNERAL uld be det		THE PHYSICIAN'S NAME UN	77710010	22e ADDRESS	1 1	Win Xinus A
O HO	to FUNERAL should be de- with the State		NI	MARCO	10501 9	1a. 100.	and Link Int
7 e	> v 5 ≤	23a. E	SURIAL, CREMATION, REMOV.		NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	COOMFS STATE
. BF	P		Cremation	12-28-1986 Met	ropolitan Cremat	ory Alexandria	Virginia
DHMH	H - 16 60M 7/84	24 FI	UNERAL DIRECTOR	neral Home Silver	N.H. Ave. 250.	DEC 30 1986	GISTRAR'S SIGNATURE
((VRA 15. 4)	TT-TT	real Williaint Ln	Herar Home Silver	Spring, Md.	JEU UU WOOD I AM	



500 University Blud. West. Silver Spring

(VR A15 ME (5))



	\$1	A	TE	OF	M	ARYL	AND
 DEBRESIS			115	4.11	711	AND	

273270	a.	1786		DEPARTI	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 5 0	3	5)	3 0
	1 06	REGISTRAR CEASED NAME FIRST WALTER	0	MIDDLE	0	MITH	EAIN	REG. 20 DATE OF DEATH		DAY YEAR 10 86	2b HOUR
1	1. SE		4. RACE Caucas	ian	S. DATE C	F BIRTH	VEAR OS	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRY HOURS MIN
oth fage		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	what COUNTRY? States	R	NEVER N		9 BALTIMORE CITY	OR COUNT	manl	
of the state of		Bethes DA	11. NAME OF	HOSPITAL, NURSIN CHFACILITY, GIVE STREET ban Hospi	IG HOME C			120 USUAL OCCUPA (TYPE OF WORK FOR MOST Teacher	ATION	126 KIND C	County A OF BUSINESS C tion
Hed in fould he for the fould he for the fould he for the fould he for the found he for the found he for the found he for the for the found he	13a.				ADMISSION)	YES _	TY LIMITS?	13e.STREET ADDRES		DE A-105	
1750		Thomas	WIDDLE	Smith	44	He	1en	MIDDLE		Wrigh	
		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES NO	ARMED FORCES?	186-09-4		Rose1	1a H.		ne as		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMEI	or only one cause pe USED BY: DIATE CAUSE (a)	Ine for (o), (b), on		HEAR	TF	AILURE	-	BETWEEN	MATE INTERVAL ONSET AND DEATH
ruces that the death signed by the attend ten please remove ca thursal, cremation, a tury, ar other traumal	NOI	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last	DUE TO, C	NIYOC CORO	ARD ENCE OF NAR	Y A NOT RELATED	RTER		EASE		a
he law re-	IFICAT	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFOI	RMED	200 AUTOPSY?	IN CERT	ES, WERE FINDII TIFYING CAUSES YES []	NGS USED OF DEATH?
SECIAN: To ahytic	ICAL CERT	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A	.M. MONTH D.	AY YEAR	_		RED (ENTER NATURE OF IT	JURY IN ITEM 18	PART 1 OR PART 2}	
MG PHY offerths or the bu	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK		OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATIO		CITY OF	TOWN	COUNTY	STATE
ATTENDI equitol e ector A d for one r, of Heal m 21 4 m		27a.1 certify that (1) (this h sow the deceased alive abave, (1) (we) Adid) (di	on 12 -	10-195			. 19 <u>86</u> (our) opinion	deoth occurred on the	date and ho	our and Iram the	
by the ho by the ho ERAL DIRE Shore Depth		226 SIGNATURE	larty	res , M	()		TTENDING PHYSICIAN		TAFF SICIAN D	12 DATE	-10-8
TO FUNERAL should be det with the Store		L. PET	ERS 1	MARTY	RES	Bethe	esda,	Nd 2081	4-5	uburban	Hopi
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial	Dec. 1	3,1986 G	ate o	Heave	n Ceme		er Spr		aryland
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director Robe 7557 Wisconsi						EC 151986	1	Dandon-	



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIÊNE

2	7689 1	Ec.	NEGISTRAR		ME	DICAL EXAMINI	ER'S C	ERTIFICATE C	F DEATH	REG. NO.		
-	10000	L CON	THE SHOWING	TIN Ca	therine	MIDDLE E.	1	AST Smolanov	ich 20 DA	TE KNOWN	MONTH DAY	YEAR THE HOLE
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•	新名を	1	Maryla	nd	United	States	WIDOW			Mon	Veam	evy MD
	元本品書	10 C	TY OR JOWN	DE DEATH		SPITAL, NURSING HOME,	OR OTHE	RINSTITUTION		CUPATION (TYPE O		OF BUSINESS
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5	100000	13a S		IF IN HURSING HOME OF		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET AD	DRESS		
212	後野蛇ン	Ma	ryland	Montg		Silver Spring		YES NO		Epping Te	errace /	20906
MB	T NOWA	14, F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	ENNAME	WIDDLE	LAST	
100	JAKE PER	1	Alliso	n	В.	McQuin		Anna		E.	Den	
IMO	STAN I	16e. V	VAS DECEASED	EVER IN U.S. ARA		166. SOCIAL SECURITY	NO.	17 INFORMANT		2220 Mi	chael Roa	he
ALT	A SHA		No			577-12-986	56	Carol Ann	Hicks,	Myersvi		21773
3	N N N N N N N N N N N N N N N N N N N		IR CAUSE OF	DEATH (Enter and	y ane couse per line	e lor (a), (b), and (c).)		,	11	1. 1 .		DXIMATE INTERVAL N ONSET AND DEATH
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P.	E SAN E			s, il any, which e to immediate	(b)							US SHIP
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30	EXXXXX				(c)							
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ECC	CRASSES -	CERTIFICATION		Nen	4							
AL.	PART /	1 S	190. DATE OF	SPERATION	195 CONDI	TION FOR WHICH OPERA	TION WA	AS PERFORMED?			20 AUT	OPSY?
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0	本本語の名の		UNDERLYING			A. MONTH DAY YEAR	21c HO	W INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
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S	BESES A	量	21d. INJURY O	NOT WHILE		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOC	REET	CITY	OR TOWN	COUNTY	STATE
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	A SECUMENT					ogers, M. D.		ADDRESS Silv			20910	
	FM4549	230. B	PECIFY)	ION, REMOVAL 23		23c. NAME OF CEM			23d. LOC ATIO	N	COUNTY	STATE
7/84 5M	BP	24 5	Cremat UNERAL DIRECT		12-14-86		tan	Crematory			Virginia TRAR'S SIGNATURE	
	DHMH - 17	Ι.	NAME	KICHai	rd Rappores		0000	DEC	4 7 400			
	(VR A15 ME (5))	T	804 T S	treet, NV	V, Washi	ngton, DC	2000	9	1 / 190	U flisher L	Divider Pand	lass

	DEPARTA		MARYLAND H AND MENTAL I TE OF DEATH	IYGIENE	REG. N	10.	5 7	3	9
	MIDDLE	LAST		20. DA	TE OF DEATH	MONTH	DAY YEAR	26 HOL	IR
ey.	Jean	Smoo	ot	De	cember :	13, 19	986	6:0	15 an
ACE		5. DATE OF BIRT	гн	6. AGE	(IN YEARS LAST BIF	RTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
Wh	nite	May 2,	1959		27	YRS.	MONTHS DATS	HOURS	MIN.
CITIZEN	OF WHAT COUNTRY?	8	NEVER MARRIED	9 BAL	TIMORE CITY O	OR COUNT	Y OF DEATH		
Ţ	JSA	WIDOWED [ontgome	rv Coi	intv		MD.
(IF NOT IN	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET The Clinic	ADDRESS]		12a US	UAL OCCUPAT F WORK FOR MOST O LSONAL W	ION	12b, KIND C		
RINSTITUT			-			•	-	14 6	100
	13c. CITY OR TOW	N 13d Ir	NSIDE CITY LIMITS	? 13e.STR	REET ADDRESS	/ ZIP COD	E (/	119	5
ick	Winchest	er YES	NO 🗌	1.3	B East 1	Bond S	St. / 2	2601	
i.E	Fincham	15. M	OTHER'S MAIDEN Alice		WIDDLE		Golliã	lay	

Silas	WIDDIE	Fincham	15. MOTHER'S MAIDEN NA Alice		Golliday
WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 109-56-6397	Mrs. Alice	ADDR	
CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	USED BY: DIATE CAUSE (a) DUE TO, O	Cardiorespi R AS A CONSEQUENCE OF Hodgkin's I R AS A CONSEQUENCE OF			BÉTWÉEN ONSÉT AND DÉAT
PART 2 OTHER SIGNIFICATION		NTRIBUTING TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES □ NO [7]
210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

STATE REGISTRAR

Female

BIRTHPLACE INTALE OR FOREIGN

Virginia CITY OR TOWN OF DEATH

Bethesda

Virginia

HOUR A.M. YEAR P.M 21e PLACE OF INJURY

211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

CITY OR TOWN

86

COUNTY STATE

saw the deceased alive an December 13 __19___86___, and that in Mny) (our) opinian death accurred an the date and hour and fram the causes stated

Shirley 4 RACE

Frederick

76 CITIZEN OF

NIH.

MEDICAL STAFF
DIRECTOR PHYSICIAN

National Institutes of Health, 9000

23c. NAME OF CEMETERY OR CREMATORY

Rockville Pike, Bethesda, Maryland 20892 23d. LOCATION

230. BURIAL, CREMATION, REMOVAL

Dec. 1986 16,

270.1 certify that (*) (this hospital) attended the deceased from November 27

Mt. Carmel

Middletown

Fred. Virginia

22c. DATE SIGNED

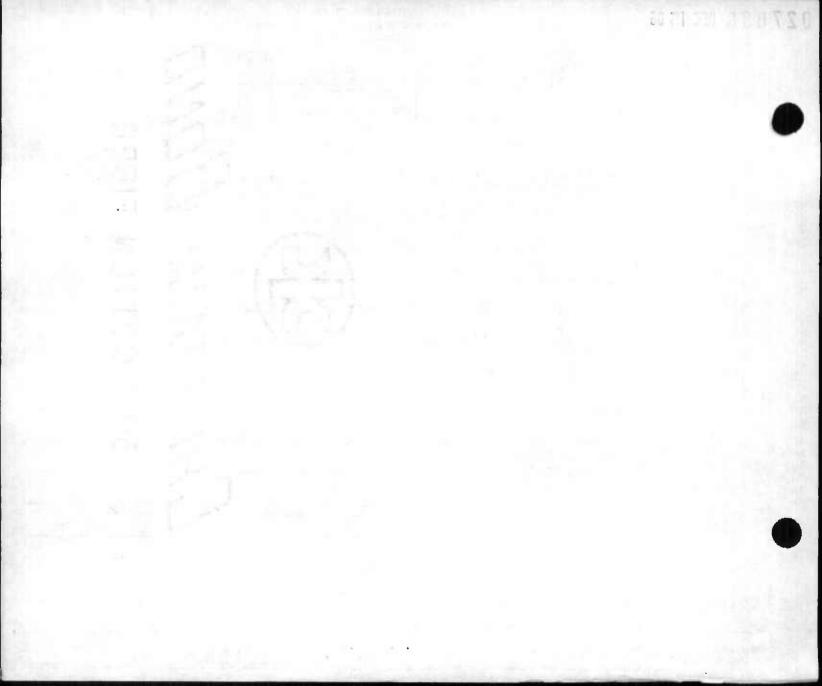
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(VRA 15, 4)

Wisconsin Ave. Bethesda, MD

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7088 DEC 1	5 86 _R 1 - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3 7 3 7
	REGISTRAR DECEASED NAME (1YPE OR PRINT) MARIA	FRANCES CA	SOLAZZO	REG. NO. 2a. DATE OF DEATH MONTH DA	1000
offer po	Female	4 RACE White	July 6 1923	6.2	UNDER 1 YEAR IF UNDER 24 HAS
2 Sept 27 mm of 12 mm	BIRTHPLACE (STATE OR FOREIGN Taly	76 CITIZEN OF WHAT COUNTRY USA		O DALTHAODE CITY OD COLINITY C	DF DEATH
1 3168	CITY OR TOWN OF DEATH Silver Spring	(IF NOT IN SUCH FACILITY, GIVE STREE HOLY Cross	Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) Retired	Finisher
(a) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Maryland Mo	ounty silver S		13e STREET ADDRESS / ZIP CODE B020 Shannondale	Dr. 2090
1/50	Giuseppe	Portanova	a Lucia	MIDDLE ADDRESS	Gervasio
be executed on and control of streets or secution or s	(YES NOT ANKNOWN)	ARMED FORCES? S. GIVE WAR OR DATES) 212-82-9		lazzo-husband-(sam	e as 13e)
quires that the death certificate signed by the attending physic hen please remove carbon paper to buriol, cremation, or removal jury, or other traumatic event, the	Conditions, if ony, whice gave rise to immediate couse (a), stating the underlying cause lost	DIATE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	pulmony a JENCE OF a of Our	MINAL DISEASE OR CONDITION GIVE	BETWEEN ONSERVIND DEATH
ラル 旧日日	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING AND WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK	216 TIME OF INJURY FORATH HOUR A.M. MONTH [19 211 LOCATION	200 AUTOPSY? 200 IF YES, IN CERTIFY! YES NO X YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
TO HOSPITAL OR ATTENDIN retained by the haspital or of TO FUNERAL DIRECTOR: Aft should be detached far use or with the State Dept. of Hebith IMPORTANT; if hem 21 is mor	22a. I certify that (I) (this has been sown the deceased alive above, (I) (we) (did)	PE OR PRINT) COOLS PE OR PRINT) PE OR PRINT)	DEGREE ATTENDING	MEDICAL STAFF DERECTOR PHYSICIAN 23d LOCATION	12/1/86 sington
BP	Burial FUNERAL DIRECTOR Hines Mainaldi Fu	12-13-1986 Ga uneral Home Silve	N.H. Ave.	TE REC'D. BY REGISTRAR 256. REGISTR.	Montgomery AR'S SIGNATURE Deciden Lendes



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	RECISTRAR				CERTIF	ICATE OF	DEATH		REG.	NO.			
	CEASED NAME	FIRST		AIDOLE	ı	AST		2a. DAT	E OF DEATH	1.00	DAY 18	YEAR 86	26 HOUR
SE	x Female	ATIV	4 RACE Ories	g.	5. DATE C	DAY	YEAR		(IN YEARS LAST		MONTH	DER I YEAR	IF UNDER 24 HRS
	IRTHPLACE (STATE ORI	FOREIGN		WHAT COUNTRY?	8	ober_	31,191		MORE CITY	OR COUN		EATH	
	hina		United	States	WIDOWE	D NEVER	MARRIED U	1	In He	nue.	u	Coxx	Ity ME
-	Bether a		11. NAME OF H	HOSPITAL, NURSIN H FACILITY GIVE STREET	ADDRESS)		TITUTION	(TYPE OF	work for mos taura	TOF WORKIN	GUFE IN	b. KIND O IDUSTRY	Servi
Mi.	AL RESIDENCE (IF NURS STATE aryland	13b COUN	1TY	ROCKV1	N _	13d. INSIDE C			ET ADDRES	s/zipcong S	tree	et/	20851
		t Ava	ailable			ı	S MAIDEN NAM FIRST Mei		MIDDLE			On	
- (was deceased ever yes, no or unknown) NO		E WAR OR DATES)	166 SOCIAL SECU 123-28-			Soo-H			hers	-		rs Landaryland
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ILICAI	19a. DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	WAS PERFO	RMED	20a A	UTOPSY?				NGS USED OF DEATH?
MEDICAL CEI		CAUSE OF DEA	21e PLACE ((AT HOME STRI tal) attended the t) view the bady: Alich R PRINT)	M. MONTH DAM. DF INJURY etcl. FACTORY, OFFICE FI et deceased from graphs after death.	19 ARM ETC)	211 LOCATION STREET	19.36 (aur) apinion o	MEDIC	CITY OR De urred an the AL ST OR PHYS	date and I		from the	
a. I	BURIAL, CREMATION,	REMOVAL		cember N		EMETERY OF	SHETET		CITY OF TOWN		cou	NIY	STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

Virginia

National Arlington V

Home Sate Rec'd. By Registrar 25b. Registrar's Signature

1 Home Sate Rec'd. By Registrar 25b. Registrar's Signature

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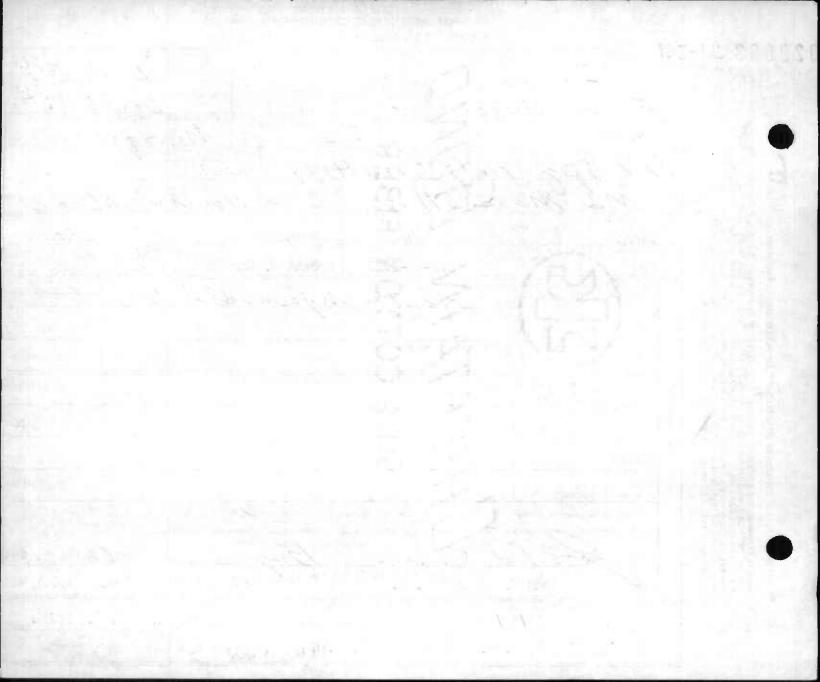
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1 Home Sate Rec'd. By Registrar 25b. Registrar's Signature

1 Home Sate Rec'd. By Registrar 25b. Registrar 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Julia Dividson Pandace 300 W. Montgomery Ave., Rockville



MPORTANT: If them 21 is marked or Item 18 shaws any injury, ar ather traumatic event, 18

DHMH - 16 60M 7/8 (VRA 15, 4)

uneral director, page \$30 tan 72 hours after deather

STATE UT

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1-	FOR STATE REGISTRAR			DEPART		FICATE OF DEATH	GIENE () O	3 3	3	0 4
1 DE	GEASED NAME	FIRST		MIDDLE		AST	REG. N		YEAR	
PE	E OR RINT)	DAVID			CDT	TI ID				26 HOUR
3. SE	v			UGENE		TLER	DECEMBER			4:10
. SE.			4 RACE		5. DATE (6. AGE (IN YEARS LAST BIR	MONTHS		HOURS MIN.
	MALE		WHIT			BER 8, 1966	20	YRS.		
a. Bi	IRTHPLACE (STATE OF	R FOREIGN		WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	_		
	Virginia	1	U.S.		WIDOW			RY COUNT		MI
0. C	ITY OR TOWN OF DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		KIND OF	BUSINESS OR
	BETHESDA	1	CLINIC	CAL CENTE	ER (NI	H)	Student		cuat:	ion
15U / 3a. S	AL RESIDENCE (IF NUF	N36 OUN		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	44	449
V	IRGINIA	1.71	fax	VIENNA		YES NO X	202A GALL		221	80
F.A	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA				
1	Nathan		Shreve	Spit1	er	Mary	Oliver		schrai	udt
	VAS DECEASED EVE	R IN U.S. ARA	MED FORCES?	16b. SOCIAL SEC		17. INFORMANT	ADDR		ESDA,	
(1	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	223-06-6	6561	MR. NATHAN	SPITLER (FA		JODA,	LID
	18 CAUSE OF DEA	TH (Enter not	v 226 c2110 per	<u> </u>		1111111111	DI III DER (III		APPROXIM	ATE INTERVAL
	PART I. DEATH	WAS CAUSED				ailure/respir	atory arres			nutes
			DUE TO, OF	R AS A CONSEQU	JENCE OF					1.12
	Canditians, if any		((b)_	Liver fa					mont	hs
	gove rise to im		DUE TO OF	r as a consequ	IENCE OF					
	underlying cous	e last.	((c)	Hodgkin'	s Dis	ease			year	S
z	PART 2. OTHER SIG	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN IN	PART IIa	
TION	19n DATE OF OPERA	MONT	Int CONDI	TION FOR MANGE	L OBERATIO	N WAS PERFORMED	Lee AVITORISMO	Tank is used hisso		
FICAT	196. DATE OF OPERA	KIION	190. CONDI	TION FOR WHICH	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING		
CERTI				E D. H. EDI		No. 110	YES NO	YES		NO 🗌
	210. ACCIDENT WAS UN		HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	(PART 2)	
V.	(IF EITHER NOTIFY MED				19			4 193		
MEDICAL	21d. INJURY OCCUR		21e. PLACE (OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn cc	YTAUC	STATE
	WHILE NOT W									
	22a. I certify that X	(this haspite	al) attended the	e deceased fram	Novemb	er 24 19.86	, to DEC.	2, 19	36 th	atXII (we) las
	saw the decease abave, (1) (we) (sed alive on (did) (di x) (o X	view the bady	after death.	86, ar	nd that in (Xy) (aur) apinian	death accurred an the d	ate and haur and f	rom the co	uses stated
	226. SIGNATURE	•	00	m		DEGREE			C DATE SI	GNED
	nev	en	4/6/	Mer	MD	ATTENDING PHYSICIAN [MEDICAL STAI		2/2	186
	22d. PHYSICIAN'S N	AME (TYPE OF	200			NATIONAL I				
	Kevin	2.	Culle	n mi	0	CLINICAL C	NSTITUTES O ENTER, BETH	ESDA, MD	208	92
30 B	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	LUDIN, TID		12
(SPECIFY) Burial		12/4/				CITY OR TOWN	COUN	ITY	STATE
4 FL	UNERAL DIRECTOR	Marson L			DL. Ja	ames Cemetery	Falls C		SIGNATU	VA
	1102 W. B	murph	y runer	al Home	. X7.A '	0.5	CO81960 3	Was Davids		
	TIUS M. B.	road 5	L, rall	s church	, VA	22040 UL			_	

]-	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG TICATE OF DEATH	IENE 8 6	3	5	9	6	٩
	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH		YEAR	26 HO	-
1	CORPRINT	John		١.	5	Tar Ks		12	1	86	08	05/A
3 SE			I. RACE		5. DATE (6 AGE (IN YEARS LAST BIR	7	IF UNDER	I YEAR	IF UNDE	R 24 HRS
	Male		Cauca		MONT	1, 1919	ا ما	YRS.		200		
Ne	IRTHPLACE (STATE OR COUNTRY) W York		United	States	MARRIE	- Control Control	Montgome:					N
Ro	ckville		Shady	Grave A	ADDRESS)	tist Haspita	Transport			IND OF	n's	Adı
13a. 3 Ma	AL RESIDENCE (IF NUR STATE Tyland	Montg	TY	Rockvill		13d. INSIDE CITY LIMITS?	13523 Orie	zip coi	DE Stre	et/	208	53
14 F/	Samue1	Alf	red	Starks		E11en	ME MIDDLE		F	ee LAST		
	WAS DECEASED EVER YES, NO OR UNKNOWN) YES		AED FORCES? WAR OR DATES)	166. SOCIAL SECU 128-09-0		Judith E. St	arks, Same		13.	ż		
	Conditions, if ony gove rise to im couse (o), stotic underlying couse	mediote ng the e lost.	((c)_	r as a conseque	NCE OF	Al IN farcti			IVEN IN D	ADT 1		
CERTIFICATION	19a DATE OF OPERA					N WAS PERFORMED	200 AUTOPSY? YES NOXX	20b. IF Y	ES, WERE FIFYING CA	FINDIN	GS USE	TH?
	21a, ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	**	OF INJURY M. MONTH DA	YEAR	21c HOW INJURY OCCUR				ART 2)	110	
MEDICAL	21d INJURY OCCUR	RED HILE	21e PLACE			211 LOCATION STREET	CITY OR TO)wn	COUN	MIA		STATE
	22a.1 certify that (I's sow the deceos above (I'me)	ed olive on that not	view the body			nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the d	rc	220.	om the c	that (I) couses s	toted
	22d. PHYSICIAN'S N	AME (TYPE OR	Fried	ham.		15225 Sha	dy Grove i	20,7	Racki	اان	e N	d
	BURIAL, CREMATION,		Dec. 4	,1986 Me		EMETERY OR CREMATORY Litan Cremato	ry Alexandi	cia	COUNTY	Vir	gin:	ia

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOROBERT A. Pumphrey Funeral Homes, P. Asso. Date REC'D. BY REGISTRAR'S SIGNATURE
300 West Montgomery Avenue Rockville, Maryland DEC 3 1986 Julia Diridon Par

026023 --- -- ---

275 2

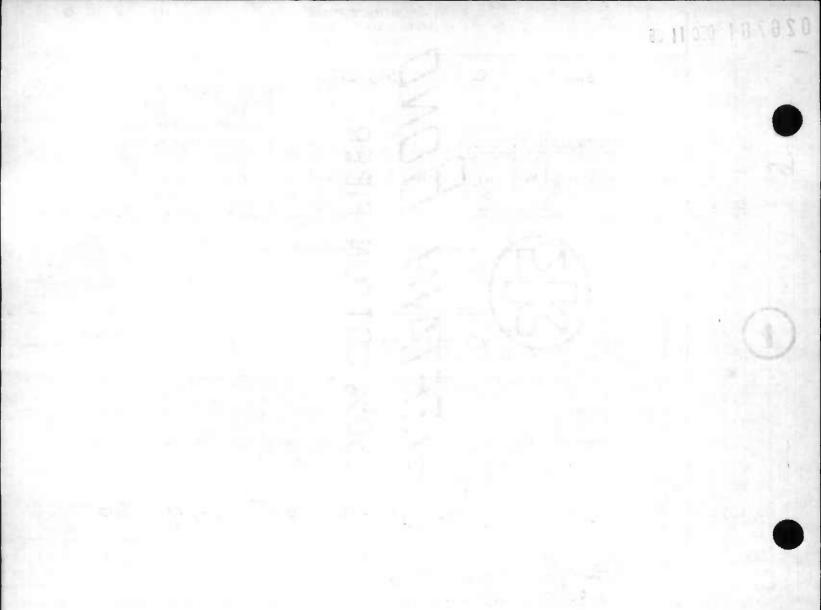
retained by the hospital ar

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

REGI	STRAR			6211111	TERVIL OF BERTIE	REG.	NO.		
1. DECEASE		,	MIDDLE	L	AST	2a. DATE OF DEATH	_	DAY YEAR	26 HOUR
TYPE OR PRIN	Emelia	2,	C.	34	and Te,		Dec.	2,1986	4:30 PM
3. SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
fen	nale	white		Feb	14,1900	86	YRS.	MONTHS DATS	HOURS MIN.
	ACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	_	9 BALTIMORE CITY		Y OF DEATH	
Per	nnsylvania	U.S.Z		WIDOWE		mont	gome	ry	MD
TO. CITY OR	TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR
Gai	thersburg	Wilson	41 - 111	and the	are Center	HOMEMA		AT H	IOME
130 STATE	IDENCE (IF NURSING HONE)OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE A		113d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP COD	E	
MAR	VI.AND MON	TGOMER	Y GAITHE	RSBI		401-RUS	SELL	AVENUE	20877
14 FATHER'S		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	r
1.0	outs -	_	PRINZ		EMMA			HERTE	EL
160 WAS DE	ECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADD	RESS	CKVILLE	CM 5
Nes. No		E WAR ON DATES!	266-49-	897	ZEMMA MICHAL	ELS-12012	OLD	BRIDGE	RD.,
18 CA	AUSE OF DEATH (Enter an	ly ane cause per	tine for (a), (b), and	IC:		100		BETWEEN	MATE INTERVAL ONSET AND DEATH
PA	ART I. DEATH WAS CAUSE	TE CAUSE (a)	mumorda	en				Doeps	
		DUE TO O	R AS A GONSEOUEN	NCE QF	200			. ,	1
Conc	ditions, if ony, which	(b)	Malignant		mphoma			Mint	hs.
	e rise to immediate le (a), stating the	DUETO	R AS A CONSEQUEN	ICE OF	V 13	-			
unde	erlying cause last	(6)	K AS A CONSCOUL	101 01					
PART	2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION GI	VEN IN PART THE)
NO N									
Y 190 D	ATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
CERTIFICATION 13 TO 10 T						YES NO		ES	NO [
21a. A	ACCIDENT WAS UNDERLYING	110110 4		YEAR	216 HOW INJURY OCCURR	ED (ENTERNATURE OF IT	JURY IN ITEM 18	PART OR PART 2)	
00.00	DITRIBUTING CAUSE OF DEA			19 19					
9	NJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION			COUNTY	STATE
WHILI		(AT HOME STE	REET FACTORY OFFICE FAI	RM ETC)	STREET	CITY OR	IOWN	COONIT	STATE
	certify that (1) (this haspi	tal) attended th	e deceased from	8	126 10.85	to 12	111	1986	that (I) (we) lost
se	aw the deceased alive on	121	19 8	0 .0	nd that in (my) (our) opinion o	death accurred on the	date and ho		
	bave, (1) (we) (did) (did na	the body	after death.	-	DEGREE			22c. DATE	SIGNED
	Burl P. W.				MO ATTENDING	MEDICAL S'	TAFF	Dec	2. 2,1986
77d P	HYSICIAN'S NAME INTE	a remit			122e ADDRESS	DIRECTOR PHT	SICIAN [
	David D. To	h	W D		011 7	3 3 3 4 6			
22- 0110141		hnson,		AME OF C	1 911 Russel	L AVE GE	ither	sburg,	Md.
(SPECIFY)						CITY OR TOWN		COUNTY	STATE
	BURIAL	112/5/	T986 SOL	the	rn Mem.Cem.	NORTH .			
N/	AME	1 1 2 0 0	ADDRESS	37.7			AN ZJB. REGIS	TRAKS SIGNAL	UKE
HY50	NG CO., INC	T300	N ST.,	4M	WASH., DOECO	8 300 40	ACADELING.	Manda	R ₁₀



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STATE OF MARYLAND

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) C	CEASED NAME	FIRST	-	MIDDLE		AST	REC 20. DATE OF DEAT	H MONTE	H DA	y YEAR	7h HOUR
	PE OR PRINT)	mmsz		D	CIDE:	DAT			100	_	
3. SE		TTY	RACE	F.	STE		December 6. AGE IN YEARS LAS			UNDER I YEAR	3:48p
	'emale		White			25, DAY 1899 FAR	86		YRS.	INTHS DAYS	HOURS M
	BIRTHPLACE (STATE OR FO	REIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CIT			F DEATH	
E	ngland		U.S.A	•	WIDOWE	D' NEVER MARRIED DISTRICT	Montgome	rv Co	ounts	V.	
10 C	ITY OR TOWN OF DEAT	TH 11	. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUI	PATION		12b. KIND (OF BUSINESS
	ckville		ebrew :		Greate	r Washington	Housewif		KING LIFE) I	INDUSTRY	
13a.	JAL RESIDENCE (IF NURSIN	IS COUNTY		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP	CODE		
Ma	ryland	Montgo	omery	Kensingt	on	YES NO	10008 E.			Drive	2089
14. F/	ATHER'S NAME	MID	Die	LAST		15. MOTHER'S MAIDEN NAM					AST
	Alfred	Max		Frank	S	Annie	MIDO	C.E.	1	Maver	
	WAS DECEASED EVER I	U.S. ARME	D FORCES?	166 SOCIAL SECU		17. INFORMANT	AE	Kensi	inata	on M	1.20895
	NO	(IF YES, GIVE W	AR OR DATES	078-18-7	7554	Miriam D. Bob	mw · Daugh	ter.1	1000	SE I	Revhill
	IN CAUSE OF DEATH	(Enter poly	DAR COURS DE	line for to 1 th an						APPRO	XIMATE INTERVAL
		which	DUE TO, O	CARDIC R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	ONARY ARRES	T				
NOI	Conditions, if ony, gove rise to imme couse (a), stating underlying couse	which ediote the lost	DUE TO, O (b) DUE TO, O	R AS A CONSEQUE	ENCE OF	ONARY ARRES		CONDITION	N GIVEN	N IN PART I	
CATION	Conditions, if ony, gove rise to imme couse (a), stoling underlying couse	which ediote the lost	DUE TO, O (b) DUE TO, O (c) NDITIONS C	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO I	ENCE OF ENCE OF			20b.	IF YES, V	WERE FIND	NGS USED
TIFICATION	Conditions, if ony, gove rise to imme couse (o), stoling underlying couse PART 2 OTHER SIGN! DEMEN	which ediote the lost	DUE TO, O (b) DUE TO, O (c) NDITIONS C	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO I	ENCE OF ENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR C	20b. IN (IF YES, V	WERE FIND	lo:
AL CERTIFICATION	Conditions, if ony, gove rise to imme couse (o), stoling underlying couse PART 2 OTHER SIGNI DEMEN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA	which ediote the lost lost lost lost lost lost lost lost	DUE TO, O (b) DUE TO, O (c) 19b. COND 21b. TIME C HOUR A.	R AS A CONSEQUE R AS A CONSEQUE DOTRIBUTING TO I ITION FOR WHICH DEFINIURY M. MONTH DA	ENCE OF ENCE OF DEATH BUT OPERATION	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IN C	IF YES, V CERTIFYI YES	WERE FINDING CAUSE	INGS USED S OF DEATH?
	Conditions, if ony, gove rise to imme couse (o), stofing underlying couse PART 2 OTHER SIGNI DEMEN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE	which ediote the lost lost lost lost lost lost lost lost	DUE TO, O (b) DUE TO, O (c) 19b. COND 21b. TIME C HOUR A.	R AS A CONSEQUE R AS A CONSEQUE THOM FOR WHICH OF INJURY M. MONTH D.	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO	20b. IN C	IF YES, V CERTIFYI YES	WERE FINDING CAUSE	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imme couse (a), stoling underlying couse PART 2 OTHER SIGNI DEMEN 19a. DATE OF OPERATE 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDIC)	which ediote the lost lost lost lost lost lost lost lost	DUE TO, O (b) DUE TO, O (c) NDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE	R AS A CONSEQUE R AS A CONSEQUE THOM FOR WHICH OF INJURY M. MONTH D.	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE	200 AUTOPSY? YES NO	20b. IN C	IF YES, V CERTIFYI YES	WERE FINDING CAUSE	INGS USED S OF DEATH?
	Conditions, if ony, gove rise to imme couse (o), stofing underlying couse PART 2 OTHER SIGNI DEMEN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAR CONTRIBUTING CAR CONTRIBUTING CAR CONTRIBUTION COURSE WHILE ALWORK ALWORK 22a.1 certify that (1) (which ediote the lost lost lost lost lost lost lost lost	DUE TO, O (b) DUE TO, O (c) 196 COND 216. TIME C HOUR A. P. 21e PLACE (AT HOME ST	R AS A CONSEQUE R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY RET. FACTORY. OFFICE. F	ENCE OF ENCE OF DEATH BUT I OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR! 211. LOCATION STREET 6 19 81	200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IN 0 INJURY IN ITE	IF YES, N CERTIFYI YES	WERE FINDING CAUSE 1 1 OR PART 2) COUNTY	INGS USED S OF DEATH? NO
	Conditions, if ony, gove rise to imme couse (o), stofung underlying couse PART 2 OTHER SIGNI DEMEN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY MEDICA AT WORK 22a.1 certify that (1) (Sow the deceased obove, (1) according	which ediote the lost lost lost lost lost lost lost lost	DUE TO, O (b) DUE TO, O (c) 196 COND 216. TIME C HOUR A. P. 21e PLACE (AT HOME ST	R AS A CONSEQUE R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY RET. FACTORY. OFFICE. F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURE 211. LOCATION STREET 0 , 19 81 and that in (my) (ox) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IN 0 INJURY IN ITE	IF YES, N CERTIFYI YES	WERE FINDING CAUSE THORPART 2) COUNTY Dend from the	INGS USED S OF DEATH? NO
	Conditions, if ony, gove rise to imme couse (o), stofing underlying couse PART 2 OTHER SIGNI DEMEN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAR CONTRIBUTING CAR CONTRIBUTING CAR CONTRIBUTION COURSE WHILE ALWORK ALWORK 22a.1 certify that (1) (which ediote the lost lost lost lost lost lost lost lost	DUE TO, O (b) DUE TO, O (c) 196 COND 216. TIME C HOUR A. P. 21e PLACE (AT HOME ST	R AS A CONSEQUE R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY RET. FACTORY. OFFICE. F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURS 211. LOCATION STREET 19. 81 and that in (my) (ax) opinion of the performance of	200 AUTOPSY? YES NOCE RED (ENTER NATURE OF	20b. IN C	IF YES, N CERTIFYI YES EM IB PAR	WERE FINDING CAUSE: 1 1 ORPART 2) COUNTY 22c. DATI	INGS USED S OF DEATH? NO
	Conditions, if ony, gove rise to imme couse (o), stofung underlying couse PART 2 OTHER SIGNI DEMEN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY MEDICA AT WORK 22a.1 certify that (1) (Sow the deceased obove, (1) according	which ediote the lost lo	DUE TO, O (b) DUE TO, O (c) NDITIONS CO 19b COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME ST) Cottended the 12 - iew the body	R AS A CONSEQUE R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY RET. FACTORY. OFFICE. F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURS 211. LOCATION STREET 19. 81 and that in (my) (ax) opinion of the performance of	20a AUTOPSY? YES NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	20b. IN C	IF YES, N CERTIFYI YES EM IB PAR	WERE FINDING CAUSE: 1 1 ORPART 2) COUNTY 22c. DATI	INGS USED S OF DEATH? NO
	Conditions, if ony, gove rise to immune couse (ol, stofing underlying couse) PART 2 OTHER SIGNI DE MEN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDIC) 21d. INJURY OCCURRE WHILE NOTIFY MEDIC 22a.1 certify that (1) (Sow the deceased obave, (1) Medic) 22b. SIGNATURE	which ediote the lost lost lost lost lost lost lost lost	DUE TO, O (b) DUE TO, O (c) 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME STI	R AS A CONSEQUE R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY RET. FACTORY. OFFICE. F	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 19 81 ad that in (my) (ox) opinion DEGREE ATTENDING PHYSICIAN X	20a AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IN CONTROL IN THE STAFF YSICIAN [IF YES, \CERTIFYI YES EM IB PAR	COUNTY 22c. DATI Jan.	INGS USED S OF DEATH? NO
WEDICAL WEDICAL	Conditions, if ony, gove rise to imme couse (ol), stofing underlying couse PART 2 OTHER SIGNI DE MEN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CARPORT OF COURT O	which ediote the lost TIA ON RELYING AUSE OF DEATH AL EXAMINER ED LE ON WE (TYPE OR PI	DUE TO, O (b) DUE TO, O (c) 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME STI	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE ITION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, F Office deceased from 20 19 RTZ, M.D. 23c	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC) 7- 36, or	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 19. 81 and that in (my) (ox) opinion DEGREE ATTENDING PHYSICIAN X	200 AUTOPSY? YES NOT RED (ENTER NATURE OF CITY OF MEDICAL ME	20b. IN CONTROL IN THE INTERPRETATION OF TOWN 2-20 ne dote on STAFF YSICIAN [d; RC	IF YES, ICERTIFYI YES EM IB PAR	were FINDING CAUSE TI ORPART 2) COUNTY B 6 Proposition of the county	INGS USED S OF DEATH? NO

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

AND SERVED FOR THE PARTY OF THE

STATE OF MARYLAND

1	GISTRAR				CEKTIF	ICATE OF DEATH	REG. No	0			
1. DE	CEASED NAME	FIRST	A	AIODLE	l.	AST			DAY YEAR	26 HOUR	
TYPE	E OR PRINT)	RICHA	ARD COR	NELIUS SI	EWART		DECEMBER	8 198	36	12:15 M	
. SE	Х	4	RACE		5. DATE C				IF UNDER 1 YEAR	IF UNDER 24 HRS	
	MALE	. 4	CAUCAS	IAN	MARC	CH 20°1926°	60	VDS	MONTHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH		
	IICHIGAN		UNITED	STATES	WIDOWE		MONTGOMER	RY		MD.	
0 C	ITY OR TOWN OF DE	ATH		H FACILITY, GIVE STREET	A CORESS)	OR OTHER INSTITUTION			IFET INDUSTRY	F BUSINESS OR	
ISÜ	BETHESDA AL RESIDENCE (IF NUR	SI IG HOME OR C	THER INSTITUTION	NAVAL		LIAL	KELIKED		10.5.1	AVY	
13a. 3	RGINIA	FAIR	Y	13t. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS A	ZIP COD	RIVE	22101	
E F/	ATHER'S NAME	M	IDOLE	LAST		15 MOTHER'S MAIDEN NA			LAS	ST	
			ENE STE]	MARGARET COF		JS		
	WAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT					
,	YES, NO OR UNKNOWN)	1943	-1974 S	365-20-1	.652		EWART, 1704 V	MGOOM			
	18 CAUSE OF DEA			line for (a), (b), and	d (c).1	VA 22101			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
	PART I. DEATH V		BY: CAUSE (a)	GASTROIN	TESTI	INAL HEMORRHA	GE				
	DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if any, which ((b) PANCREATIC CARCINOMA										
	gove rise to im	ove rise to immediate									
	couse (a), stati		DUE TO, OF	R AS A CONSEQUE	NCE OF						
			(c)								
Z	PART 2 OTHER SIG	MIFICANT CO	ONDITIONS <u>CC</u>	NIRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GI	VEN IN PART III	0 '	
ATIC	19a DATE OF OPERA	TION	10h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY2	20h IE VE	S WERE EINDIN	NGSTISED	
CERTIFICATION	DATE OF OPERA	CI IOIN	IND. CONDI	TION FOR WHICH	OPERATIO	WAS FERFORMED		IN CERTI	FYING CAUSES	OF DEATH?	
K			A11 7	e humby		In How him a com-	YES X NO	1		NO 🗌	
	210 ACCIDENT WAS UN		HOUR A.	FINJURY M. MONTH DA	YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM T8	PART I OR PART 2)		
i	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P./		19						
MEDICAL	21d. INJURY OCCUR	HILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC)	211. LOCATION STREET	CITY OR TO	NN	COUNTY	STATE	
	220 I certify that (I		al\ attended the	a decorred from	OCTOR	BER 20 10 80	6 la DECEMI	BER 8	10. 86	that (1) (we) last	
	sow the decea	ed alive do	DECEMB	ER 8 19 8			. 10		, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	abave, (I) (w	did (ad nur	y e/bady	after death.		DEGREE		DECEMBER 8 1986 GE (IN YEARS LAST BIRTHDAY) 60 ALTIMORE CITY OR COUNTY OF DEAT MONTGOMERY USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING LIFE) RETIRED STREET ADDRESS / ZIP CODE 704 WOODMAN DRIVE GARET CORNELIUS ADDRESS RT,1704 WOODMAN DR BET NOMA DISEASE OR CONDITION GIVEN IN PA LOBERT OF INJURY IN TIEM 18 PART LOR PA CITY OR TOWN COUNTY TO DECEMBER 8, 19, 86 TO OCCUPATION COUNTY COUNTY TO DECEMBER 8, 19, 86 TO OCCUPATOR COUNTY HOSPITAL DA, MD 20814-5011 334 LOCATION CITY OR TOWN COUNTY COU			
	ILL SIGNATORE	1	Ma			MD ATTENDING PHYSICIAN [- 9 F.	Dec 84	
	22d. PHYSICIAN SIN	AME ITTE IN	MINIT			27e. ADDRESS NAV	AL HOSPITAL				
	W. R. TI	HOMPSON	I, LT, 1	IC, USNR	2			0814-	IF UNDER 1 YEAR IF UNDER 2: MONTHS DATS HOURS OF DEATH 126. KIND OF BUSINES INDUSTRY U.S. NAVY IVE 22101 S N DRIVE, MCLI APPROXIMATE INTERV BETWEEN ONSET AND D TO THE STATE OF THE S		
	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	BURIAL		Dec 1	5 19864-	lingt	on Nat'1. Cem		Arlin		iroinia	
24 5	DUNTAL		Dec.	J, IJOUAL	TIMEL	OH NAL I. CEI	SE DEC. 15 BY DECIDION AND	TAL DECIS	TRADE CICALA	LIGILIA	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

- 16 60M 7/B4 (VRA 15, 4)

Money & King Fun'l. Home, Vienna, Virginia

DEC 16 1986 July Dender Penders

STATE OF MARYLAND		ST	ATE	OF	MA	RYL	AND	
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U-27920 DEC	23	FOR STATE REGISTRAR					EALTH AND MENTAL HY ICATE OF DEATH		G. NO.		
deods y		PONT) AN	NA	We.	H. S		ve R	20 DATE OF DEAT	117/8	6 AR	26 HOUR 9:15p M
THOUGH THE THE THE THE THE THE THE THE THE TH	7	emale	0	PAUC.	ASIAN	S. DATE C	ber 17, 1903		YRS		HOURS MIN.
U 185	M	aryland	1	U.S.A		WIDOWE		41 4	TY <u>OR</u> COUNTY OF 1e <i>ry</i>	DEATH	MD.
100 to 10	si	lver Sprin	19	Fairl	and Nursi	ng Ce	nter institution	120. USUAL OCCU (TYPE OF WORK FOR M Housewif	OST OF WORKING LIFE)	126 KIND OF INDUSTRY	wife
AND 21	134	AL RESIDENCE (IF NUR STATE LULAND	Balti	Υ	130. CITY OR TOW Reisters	N	13d. INSIDE CITY LIMITS? YES NO []	13e STREET ADDRE	ess / ZIP CODE		21136
MARYL and with	0	Charles		IDDLE	Babka		15. MOTHER'S MAIDEN N Magdale	ame na	NE	Tes	adrik
80m		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	214-48-7		Margaret Me		odress ighter s	ame a	s #13
A CONTRACTOR		18 CAUSE OF DEAT PART I. DEATH W	H (Enter anly /AS CAUSED IMMEDIATE	BY:	r la far lot (b) fin	in	mole	1	Sm	well	us
death ce otherding over carb flore, air r aumatic		Conditions, if any, which gove rise to immediate									
M. PR. PR. PR. PR. PR. PR. PR. PR. PR. PR		gove rise ta imi cause (o), statii underlying cause	ng the	DUE TO: C	anti	ta	elvar.	-		ger	43
ORDS, 20 mequines Then plus injury, o	NOI	PART 2. OTHER SIGN	100000000000000000000000000000000000000	SHORINGHE C	ONTWHITING TO	EATH BUT	treph	MINAL DISEASE OR C	ONDITION GIVE	N PART II	
At RECK	RTIFICATION	IN. DATE OF OPERA	TION	196 CONE	STION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	200. IF YES, W IN CERTIFYIN YES [ERE FINDIN IG CAUSES (GS USED OF DEATH? NO []
A DE VITE	CAL CERT	OF CONTRIBUTING (F EXHIBIT MODIFY MEDI-	CAUSE OF DEATH	110000000000000000000000000000000000000	DE INJURY M. MONTH DA M.	Y YEAR	N: HOW INJURY OCCU	RED TENTER WATURE	Delivery Colon 18 Sept	CHPMITT	
STATE OF PHYSICAL STATE OF PHY	MEDICAL	AT WORK OCCUR	ess [T]	71e, PLACE (at HONL)	OF INJURY MET FACTORS, OFFICE P	FRM, ETC I	711 LOCATION	2010	a some	- Comp	SIAN
CTOR: A for user of Health		22a I certify that (I) saw the receas above 1) (were	ed alive on_	15	114/2	6	d that in (my) (aur) apinion	deoth occurred an th	he date and hour or		hot (l) (ve) last ouses stated
AL OR JAL OR JAL OR JAL DIRE Ho detoched ohe Dept	_	SICHATURE	7 -	M	mil	M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	224. DATE 8	14/86
O HOSPII O FUNE Could be with the Si		Tho S	AME DYPE OR	WA.	RD	6/16	Rolling	in BI	theel	11 2	0817
BP	23a. I	BURIAL, CREMATION,	REMOVAL	Dec 1			Heaven Ceme	23d LOCATION CITY OR TOW		Jontoo	meru Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		JNERAL DIRECTOR NAME		is J. (Collinsons -	ir.	25a. DA	TE REC'D. BY REGIST C 2 2 1980	RAR 256 REGISTRAF	'S SIGNATU	JRE



eral director, page 3 72 hours after death

and completely

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

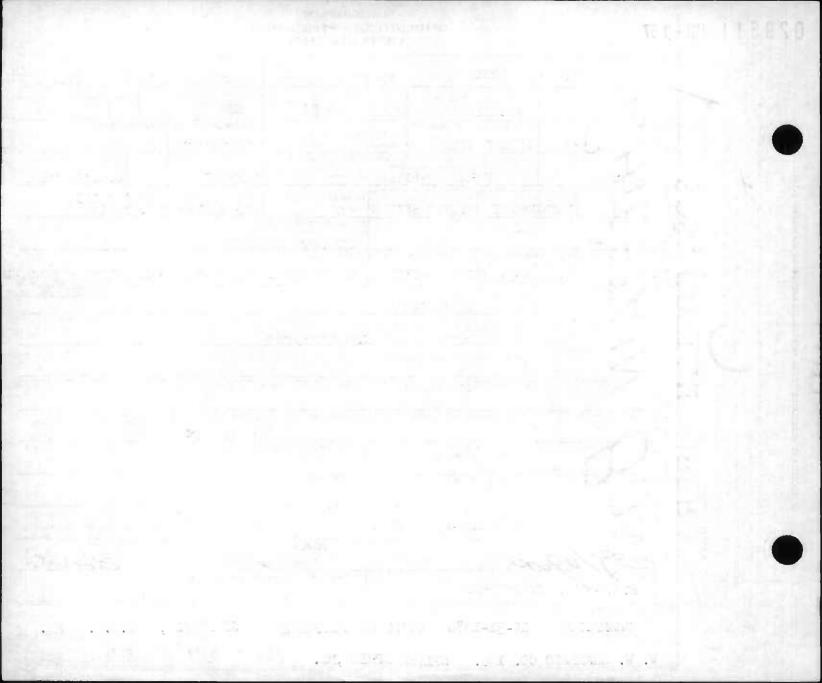
KEOISTKAK						REG. N	10.			
I. DECEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	монтн	DAY YEAR	26 HOUR	
The same of the sa	CHARLE	S LOUI	I.S.	STO	TT	DECEMBER	31 19	86	12:52	2 A
3. SEX	1975	4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24	HRS
MALE		CAUCASI	IAN	JULY	29 19 31 YEAR	55	YRS.	MONTHS DAYS	HOURS	MIN.
70. BIRTHPLACE (ST.	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
NORTH CAR	OLINA	UNITED	STATES	WIDOWE	41	MONTGOMERY	7			MD.
10 CITY OR TOWN C			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION		F BUSINESS	
BETHESDA			AVAL HOSP			RETIRED	OF WORKING L	U.S.A	IRFORG	CE
USUAL RESIDENCE (F NURSING HOME O		GIVE RESIDENCE BEFOR		1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7ID COL			
MARYLAND		GOMERY	SILVER S		YES X NO	815 THAYER	AVE.	20910	34	
14 FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			-	
FRED STOT	יףי	MIDDLE	LAST		LILLIAN CO	RBETT		LAS	r	
160 WAS DECEASED	EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS			
YES, NO OR UNKNOV		1968	238-40-6	162	RENEE STOTT	815 THAYER	AVE.	STLVER	SPRIN	JC N
III. CAUSE OF			line far (a), (b), an	id (c))		010 1101121			MATE INTERVA	
PART I. DE	TH WAS CAUS	ED BY: TE CAUSE (a)	ASTROCYT					BEIMEEN	INSET AND DE	AIH
	IMMEDIA									
Conditions, if	con which	DUE TO, O	R AS A CONSEQUI		HVDEDTENCTON					
gave rise to	gave rise to immediate									
	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
PART 2 OTHER	SIGNIECANI	CONDITIONS CO	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	ANNAL DISEASE OR CON	IDITIONICI	VENTURE DART 1		=
Z	O CO THE TOTAL	conditions <u>cc</u>	J. (1810)	DEATH BOT	NOT KEERIED TO THE TERM	TINAL DISEASE OR COI	DITION GI	VEN IN PART TO		
SIO TO STATE OF O	PERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED	
HE I						YES NO		IFYING CAUSES	OF DEATH?	,
218. ACCIDENT W	AS UNDERLYING	216. TIME O			21c HOW INJURY OCCUR				140	-
OR CONTRIBUTION	CAUSE OF DE									
(IF EITHER, NOTH	Y MEDICAL EXAMINE	21e PLACE		19	211 LOCATION					
an milit	NOT WHILE		PEET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR T	NWC	COUNTY	STAT	re
AT WORK	AT WORK	(A=1) = A4== H=H A4	e deceased from_	DECEM	BER 18 10 86	DECEMB	ER 31	10 86		
saw the d	eceased alive a	-DECEMBE	IR 31 19	86 ar	nd that in (my) (aur) apınian (. 17	that (I) (we)	
abave, (1) (22b. SIGNATUR	we) (did) (did n	at) view the bady	after death.		DEGREE MAN	The control of the c	010 0110 110			0
THE STORAGE	San.	7			ATTENDING	MEDICAL STA	AFF	22c. DATE	SIGNED	,
224 DHYSICIAN	I'S NAME (TYPE	24			PHYSICIAN 220 ADDRESS	DIRECTOR PHYSI	CIAN	211	rest	0
		DR,MC,US	'N		NAVA	AL HOSPITAL	,			
						HESDA, MD 20	814-5	011		
230. BURIAL, CREMAT				NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STAT	E
CREM	ATION	12-31-	1986 CF	IAMBER	S CREMATORY	RIVERDA	LE,	P.G.C.	Md.	
24 FUNERAL DIRECT	OR		ADDRESS		25e DAT	E REC'D. BY REGISTRAL	25b. REGIS	TRAR'S SIGNAT	URE	
W. W. CI	LAMBERS	CO. INC	. SILVE	ER SPR	RING, Md. JA	N 7 - 1987	Julia	Dema.	A Jane	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNE AL DIRECTOR: After this certificate has been signed acut as detached for use as the burial-transit permit. Then PORTANT: If Item 21 is marked or Item 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low interined by the hospital or offending physicion.



	TOR		DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYC	SIENE O	3
16	EN STRAR	MEI	DICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	
-	DOD DOD	5. DATE OF BIRTH DAY SVI				MONTH DAY YEAR 26 HOUND MONTH DAY YEAR 20 HOUND WEAR 20 HO
FO.	HEIGH COUNTRY)		MARI	RIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
Acres 1	the Market State Committee of the Commit				- Mor	beom cly M
1	Olney	(IF NOT IN SUCH FAC	CHITY GIVE STREET ADDRESS)	12/HOLD	FOR MOST OF WORKING LIFE)	Mary's School
13a. 5	AL RESIDENCE (IF INFIURSING HOME	OR OTHER INSTITUTION, GIV	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13	STREET ADDRESS	20853 CISS OF
14.77	1957	MIPDLE	LAST	15 MOTHER'S MAIDEN IN	MIDDLE	LAST
160 1		DATED FORCES		Mary		Sullivan
(Y	ES, NO, OR UNKNOWN) (IF YES, GIV		015-22-5782			Same as 13 APPROXIMATE INTERVAL
	Conditions, if any, whici gave, rise to immediat couse (a) stating the underlying cause last.	ATE CAUSE (o)	AS A CONSEQUENCE OF	vy o C > v	412/1//	
NO	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO OFATN I	OUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART I	10:	
TIFICAT	190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
CALCES	UNDERLYING OR	HOUR A.M	MONTH DAY YEAR	OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK				CITY OR TOWN	COUNTY STATE
	22a. I certify that I took char death resulted fram: Nat- ACTUAL SIGNATURE		Accident , Suicide	Homicide L	MEDICAL EXAMINER	DATE SIGNED 15 / 37/79 Lver Spring, Md.
	7a 5i Max 10 Cl USUA 13a 5	18 CAUSE OF DEATH (FYES, ON OF UNKNOWN) 18 CAUSE OF DEATH (FYES, ON OF UNKNOWN) 18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUS IMMEDIA Conditions, if any, which gave, rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT (ONOITION ON TRIBUTING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK 220. I certify that I took chair death resulted from Note that the country of the	TO DETERMINE S. DATE OP BIRTH DAY TO DISTRIBUTION CONTRIBUTION OF WE WAS ACCUSED TO THE INSTITUTION, ON THE STATE OF THE	S. DATE OP BIRTH YEAR 6. AGE (IN YEARS IF U LAST BIRTHDAY) AND WEAR S. DATE OP BIRTH YEAR 6. AGE (IN YEARS IF U LAST BIRTHDAY) AND WEAR S. DETTINA COUNTRY? 8. MARRI WIDOW DEFECTION AME DEFENDING DE	Thomas It fathers name John	

07/B4 25M **DHMH - 17** (VR A15 ME (5))

Burial Pec. 2, 1986 Gate of Heaven Cemetery Silver Spring Montgomery Md

24. FUNERAL DIRECTOR Francis J. Collins, Jr.

1250. DATE REC'D. BY REGISTRAR'S SIGNATURE

DEC. 2. 40000 1500 Registrar's SIGNATURE 500 University Blvd. W. Silver Spring. Md.

DEC 4 1986 Julia Dividen Rendale.

- Tra

association (18)

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Therest on the second of the s

of S. Poppers N.D. Personal Profit of States Service Letters and Company Service Lette

utill factor for the core of manch forefore Silver Spring lands and the

500 inductation Durk. D. Silver Burkey, 14.

1-	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG	GIENE	REG. NO.			
	GEASED NAME	FIRST		MIDDLE	ı	AST	2a. DATE OF		th DAY	YEAR	2h HOUR
(TYPE	FRA FRA	NK	Mo	RRIS S	TREEK	\$		12	1291	86	11:48PM
3. SE	X	4	RACE		5. DATE C	DF BIRTH DAY YEAR	& AGE (IN Y	EARS LAST BIRTHDA	MONTHS	DAYS	IF UNDER 24 HRS
X	MALE		Caucas.	ian	19		6	7	YRS.	UNIS	MIN.
	RTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMO	RE CITY OR CO	DUNTY OF DE	ATH	
	shington,	D.C.	U.S	.A.	WIDOWE		Mon	tgomery	1		MD.
51	IVERSORI	ATH 1	(IF NOT IN SUC	H FACILITY, GIVE S		OR OTHER INSTITUTION	(TYPE OF WORK	OCCUPATION FORMOST OF WO Decorat	RKING LIFE) INE	USTRY	Bakery Co
130. S Ma	at residencil in Nui State ryland	ISINGHOME OR O HOSE. COUNT Montgo	Υ	Silver	spring		1710	address/zir Brisban		et	20902
14. F.A	Frank		ert	STR		IS. MOTHER'S MAIDEN NA LOWSE	ME	MIDDLE		Weisz	Ś
	VAS DECEASED EVE				SECURITY NO.	17. INFORMANT		ADDRESS			
	yes, no or unknown)	W. W	NAR OR DATES	579-14	1-3986	Margaret C.	Streek	s wife		e as	#13
NOI	Conditions, if on gave rise to in couse (a), statunderlying cause	nmediate ing the e last.	(b)	R AS A CONSI	EQUENCE OF	SINCE SHOPE	MAL DISEASI	E OR CONDITK	ON GIVEN IN	2 hr 48M	50.
CERTIFICATION	19a. DATE OF OPERA	ATION	1%. COND	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTC		E IF YES, WER CERTIFYING YES		
MEDICAL CERT	210. ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEATH	21h. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR				PART 2)	
MED	21d. INJURY OCCU	WHILE [21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	216 LOCATION STREET		CITY OR TOWN	((DUNTY	STATE
	22e. I certify that (saw the decea above, (I) (Neg) 22h. SIGNATURE) 22d. PHYSICUN'S 6	sed olive on_ (did) (did not)	view the body	29	19_86 . 01	nd that in (my) (ook) opinion DEGREE ATTENDING PHYSICIAN (1) 27e. ADDRESS	MEDICAL	d on the dote of STAFF PHYSICIAN	2	, 11	
23a. E	BURIAL, CREMATION	REMOVAL	236. DATE	TTE	23c. NAME OF C	EMETERY OR CREMATORY	231. LOCA		KULTER	Jenes	2010
	Burial		Jan.2.	1987	Gate of	Heaven Cemet		luer SK	oring M	ontai	omery Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT; If Item 21 is marked or Item 18 shews any injury, or other traumante

24 FUNERAL DIRECTOR Francis J. Collins, Jr. 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE

500 University Blud. West, Silver Spring.

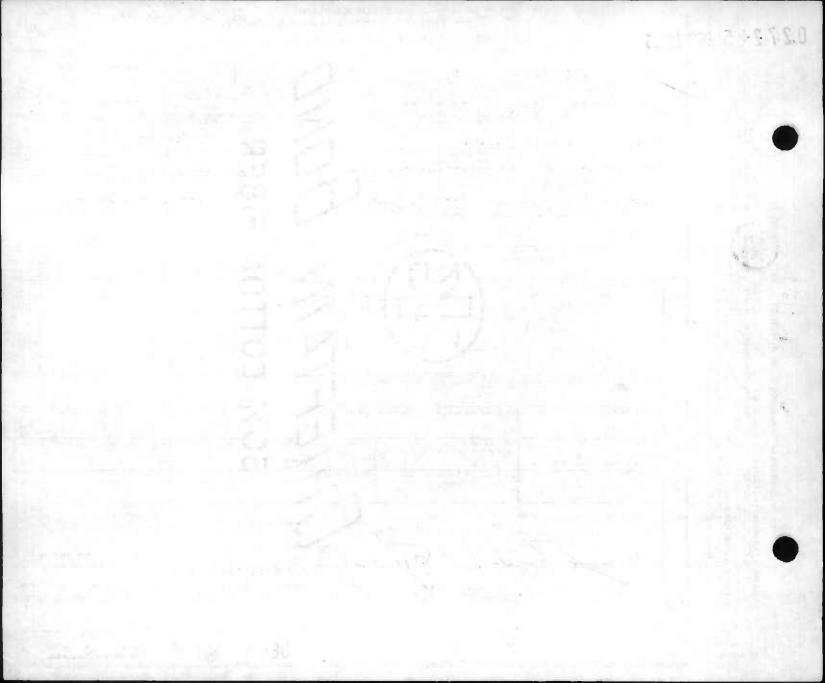
DHMH - 16 60M 7/ (VRA 15, 4)

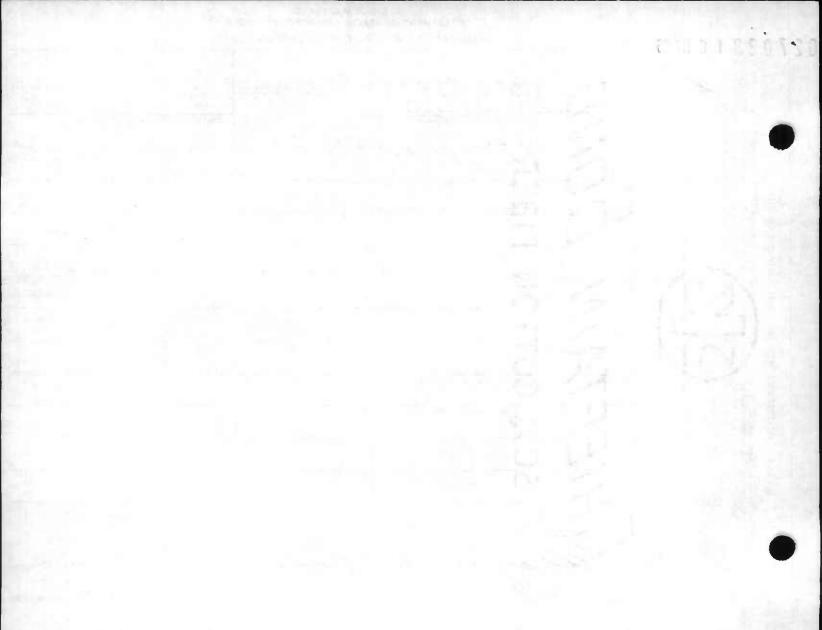
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	- KEOISTRAK								REG. N	O.			
	CEASED NAME	FIRST		AIDDLE	-	LAST		2a DATE	OF DEATH	MONTH	ADAY) JE LUNDER IVEAR YRS COUNTY OF DEATH Y COUNTY, NOWORKING LIFE I INDUSTRY POND CONTROL SS SAME AS AB WIFE) APPROXIM APPROXIMATION OF DEATH APPROXIMATION COUNTY IN ITEM 18 PART LOR PART 2) TO NOT THE COUNTY TO NOT THE COUNTY APPROXIMATION COUNTY TO NOT THE COUNTY TO NOT THE COUNTY APPROXIMATION COUNTY TO NOT THE COUNTY APPROXIMATION COUNTY TO NOT THE COUNTY APPROXIMATION COUNTY TO NOT THE COUNTY TO NO	26 HOUR	
(I AbF	OR PRINT)	JAMES	WI	LLIAM	STU	JBBLEF	IELD	DECE	EMBER	12, 1	1986	12:01	
SE	(-	I. RACE		5. DATE C	OF BIRTH		6. AGE (II	N YEARS LAST BE	THDAY)		IF UNDER 24 HRS	
	MALE		WH	ITE	MONTH		YEAR		7.5		The state of the s	HOURS MIN.	
a RI	RTHPLACE (STATE O	FOREIGN 1		WHAT COUNTRY	V2 II	EMBER		9 RAITIM	75 IORECITY O				
(OUNTRY)	K POREIGN /	a CHIZEN OF	WITAT COOKIN	MARRIE		R MARRIED	1			986 IF UNDER LYEAR IF MONTHS DAYS PROVIDED DAYS IF OF DEATH UNTY, IF INDUSTRY CONTY DE DR. 471 DE DR. 471 ME AS ABO APPROXIMA BETWEEN ONS IVEN IN PART 110 ES, WERE FINDING TIFYING CAUSES OF YES COUNTY COUNTY COUNTY A PART 1 OR PART 2) COUNTY A MD 208 STRAR'S, SIGNATUR STRAR'S, SIGN		
_	Indiana		USA	LOCALT ALL AND	WIDOWE		DIVORCED	_		APPROXIMATE IN COUNTY IN COUNTY IN CERTIFYING CAUSES COUNTY IN TEM IS PART TO PART 2) APPROXIMATE IN THE APPROXIMATE IN CERTIFYING CAUSES COUNTY IN COUNTY	M		
	TY OR TOWN OF DE	AIH .	(IF NOT IN SUC	HOSPITAL, NURS	ET ADDRESS)		ISTITUTION		AL OCCUPAT ORK FOR MOST O		INDUSTRY	OF BUSINESS O	
	THESDA	1		CAL CENT	,	(H)		Engi	neer -	Penn	Contral	pp.	
30 S	AL RESIDENCE (IF NU	IN FOUN		13c. CITY OR TO		I 13d. INSIDE	CITY LIMITS?	13e STREET	ADDRESS	/ ZIP CC	DDE GC	1999	
TN	DTANA	Clark		IEFFER	SONVILI	Vec 🗖	NO Ex				16	7130	
	THER'S NAME		AIDDLE	LAST			R'S MAIDEN NAM		MIDDLE				
1			ubblefi				Mvrtle	12 7	nderso	n	(A:	31	
	VAS DECEASED EVE			166 SOCIAL SE	CURITY NO.	17 INFORA		D. A	ADDR		ME AC AI	ROVE	
	res, no or unknown) Čes		WAR OR DATES)	714-14-	-7977	MRS	ALMA STU	BRI.ER	TELD			JUVE	
-		WW II				PHO.	TIBILI DIO	DDDDL	THE	(MILI		MATE INTERVAL	
	18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), and IC.1 PART I. DEATH WAS CAUSED BY: Massive gastrointestinal bleeding												
		IMMEDIATE	CAUSE (o)	Massive	gastro	intes	tinal bi	eeari	g				
			DUE TO O	R AS A CONSEG	LIENCE OF								
	Conditions, if an	u which		Possible		S							
	gove rise to in		(b)	. 000252	о осро-								
	couse (a), stat												
	underlying cause lost () S/P splenectomy for hairy cell leukemia												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										0		
CERTIFICATION													
A	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED				20a AU	TOPSY?	YES, WERE FINDI	WERE FINDINGS USED		
Ä					VES TV	NO							
ER	71a, ACCIDENT WAS U	NDERLYING T	21b. TIME C	F IN IURY		71c HOW	IN JURY OCCURR			IRY IN ITEM			
177	OR CONTRIBUTING			M. MONTH	DAY YEAR			TED TENTER	THE OF ME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MEDICAL	(IF EITHER, NOTIFY ME				19								
63	21d INJURY OCCU	RRED	21e PLACE	OF INJURY REET, FACTORY, OFFIC	E EARM ETC)	211 LOCA			CITY OR TO	OWN	COUNTY	STATE	
2	AT WORK NOT W	ORK	(AT HOME ST	CET, FACTORT, OFFIC	L, ranm, crc ;								
	AT WORK AT WORK												
	sow the deced			2. 19									
	above, ry (we)	(did) (क्रिक्राच्या	view the body		, ,		Λ.						
	226. SIGNATURE	1	0	1		DEGREE					22c. DATE	SIGNED	
	marg	aut	C. 0	actor	-	10	PHYSICIAN P	DIRECTO	OR PHYSI	CIAN	12/1	2/86	
	22d PHYSICIAN'S	NAME (TYPE OF	PRINT)	,		22e ADDE					TIAZ IDIZ		
	Mara	tore	F Pa	rker		NA	TIONAL J	INSTI	TUTES	OF H	EALTH	0002	
_	1,100		0-1-			CL	INICAL C	CENTE	K, DEI	HESD.	A, MD Z	0892	
	BURIAL, CREMATION		23b. DATE				R CREMATORY	23d. LO	CATION		COUNTY	STATE	
E	urial .		Dec. 16	,1986	Walnut	Ridge	Cemeter	cy 3	Jeffer	sonv	ille, In	d.	
24 F	UNERAL DIRECTOR	Ives	-Pearso	n Funer				200. AUTOPSY? YES X NO 200. IF YES, IN CERTIFY YES X NO 200. IN CERTIFY YES X NO 200. IN CERTIFY YES X NO 200. IN CERTIFY YES X NO 200. IN CERTIFY YES X NO 200. IN CERTIFY OF TOWN MEDICAL STAFF OF MEDICAL STAFF DIRECTOR PHYSICIAN 200. IN STITUTES OF HEAL CENTER, BETHESDA, Y 236. LOCATION CITY OF TOWN 2136. LOCATION 21					
	NAME			. 22201			n	FCAI	S 1096	A.z.	a Davidson	Pendass	
			4 LUII , Vd	. 444UI			1 1/1	But V I	V IVVV	177		- 0	





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 217

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
0	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
	ERNES'	T W.	SYME	DECEMBER 24,	1986 6:15 AP				
	3. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY JULY 8, 1892	6. AGE (IN YEARS LAST BIRTHDAY) 94 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS				
-	7a. BIRTHPLACE STATE OR FOREIGN COUNTRY) SCOTLAND	76 CITIZEN OF WHAT COUNTRY USA			Y OF DEATH				
	10. CITY OR TOWN OF DEATH KENSINGTON	(IF NOT IN SUCH FACILITY, GIVE STREE KENSINGTON G	ING HOME OR OTHER INSTITUTION ET ADDRESS) ARDENS N.H.	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Ret. Architect	IZB. KIND OF BUSINESS OR INDUSTRY Self employed				
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUR Mary Land Mont	tgomery Takoma P	PRE ADMISSION) WN 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP COL 409 Boston Ave.	DE 20912				
1	14 FATHER'S NAME FIRST David	MIDDLE Syme	15. MOTHER'S MAIDEN N		LAST				
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEC XXXAR OR DATES) 579-22-8		ADDRESS Ee- (same as 13e)					
	PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), c ED BY: ITE CAUSE (a) PNEUMO DUE TO, OR AS A CONSEQ	NIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 DAYS				
		107	UENCE OF	TNARY) RMINAL DISEASE OR CONDITION G	VEN IN PART 1(o)				
2	190 DATE OF OPERATION 1100 DATE OF OPERATION 2100. ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF IN CER							
	00.000,000,000,000,000			JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)				
	OR CONTRIBUTING CAUSE OF DE CIFE ETHER, NOTIFY MEDICAL EXAMINE THE CAUSE OF DE CIFE ETHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORK	WINTE NOT WHITE							
	saw the deceased alive or above, (1) (we) (did) (did	oital) attended the deceased from 12 - 19 Wiew the bady after death.	, and that in (py) (auc) opinio	n death occurred on the date and ho					
-	D.P. Cen	drems m.		MEDICAL STAFF DIRECTOR PHYSICIAN	25 DEC 86				
	Peter Andre	ews, MD	4761 Brad	4761 Bradley Blvd Chevy Chase, MD					
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12-29-1986 23c	Gate of Heaven	CITY OR TOWN	ntgomery Md.				

(VRA 15, 4)

injury, or ather troumotic event, th

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The

IMPORTANT: If Item 21 is marked or Item 18 snow

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR:

n Sil. Spr. Montgomery

750. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE HINES/RINALDI F.H., Incappa 1800 N.H. AVE DEC 30 1986 Silver Spring, MD.

Julia Divideon Randale

[SPECIFY]

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH 2b. HOUR 1986 IF UNDER 1 YEAR 4:15 Docombon 20 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 5. DATE OF BIRTH MONTH February 28, 1910 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 0N160M NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE Country Club 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Silver Spring Mt. Pisaah Road 20903 15 MOTHER'S MAIDEN NAME MIDDLE Tasillo Donlin Katherine ADDRESS 16b SOCIAL SECURITY NO 17. INFORMANT Wike. Same as 13 047-10-6267 Taxilla APPROXIMATE INTERVAL ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTERMATURE OF INJURY IN ITEM 18 PART I OR PART 2) YE-AR 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

22a I certify that (1) (this hospital) attended the deceased from obove, (1) (we) (did) (did not) view the body after death. DEGREE MEDICAL ATTENDING STAFF

PHYSICIAN

Jan. 2, 1987 Mt. St. Benedicts

22e ADDRESS

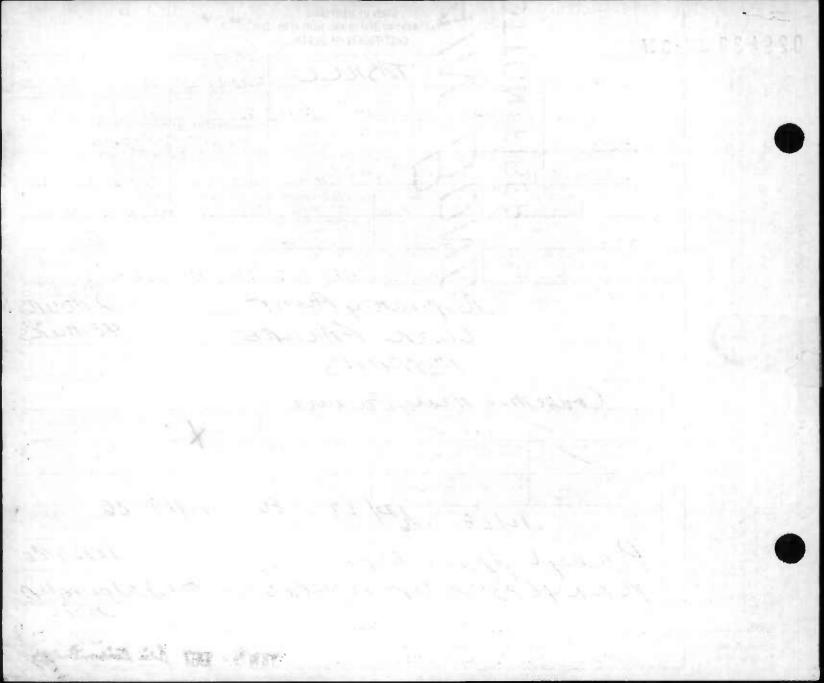
25e. DATE REC'D

DIRECTOR PHYSICIAN

Hartford Hartford Connecticut

DHMH - 16 60M 7/B4 (VRA 15, 4)

Francis J. Collins. Jr. 24 FUNERAL DIRECTOR University Blud. W. Silver Spring.



	STATE OF MARILAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
_	LAST 20 F

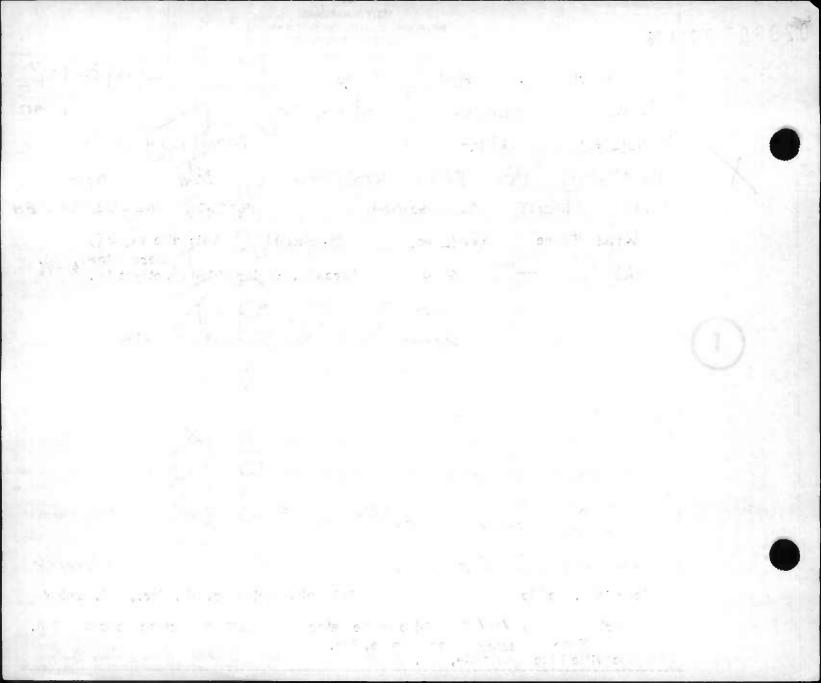
REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO	٥.		
1. DECEASED NAME	FIRST	MIDDLE	L.	AST		2a DATE OF DEATH	MONTH [DAY YEAR	26. HOUR
Omar	i G.	Rashad	Ta	ylor			12	16/86	10PM
3. SEX	4 RAC		5. DATE O		YEAR	6 AGE (IN YEARS LAST BIRT		MONIHS DAYS	HOURS MIN.
MALE	<u>£</u>	LACK	12		86		YRS.		1 40
Zar BIRTHPLACE (STATE OR	FOREIGN 76 CITI	ZEN OF WHAT COUN	ITRY? 8	D NEVER A	ARRIED D	BALTIMORE CITY O			
MARYLAN		15A-	WIDOWE		ORCED	MONTE	ome		MD.
SIVEN SOIL	ATH 11. N	AME OF HOSPITAL, NI	URSING HOME C	OR OTHER INST	ITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST O		126. KIND G INDUSTRY	A BUSINESS OR
USUAL RESIDENCE (IF NUR	13b. COUNTY	13c CITY OR	TOWN	13d INSIDE C	ITY LIMITS?	130.STREET ADDRESS	ZIP CODE	ythat	-LN 2007
14 FATHER'S NAME	WIDDLE	1.65	T	15. MOTHER'S	MAIDEN NAM	NE MIDDLE	P==	- 145	ST.
XIM	Wayne	LAYLO	R	SH	ARON	Miche	elle +	aso	
160 WAS DECEASED EVEL			SECURITY NO.	17 INFORMA	NT	ADDRE	ssGerr	mantown	n. Md.
(YES, NO OL UNKNOWN)	(IF YES, GIVE WAR OF	N/	n	Sharon	M. Tay	lor 20506 A	methy	st Ln.	20874
18 CAUSE OF DEA	TH (Enter anly ane	ause per line far 101, (b), and (c).					BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH \	VAS CAUSED BY-	SE(O) Ren	pive tory	· X	ailure				
		JE TO, OR AS A CONS	SEQUENCE OF			7			
Conditions, if any				won	bra dy	+cardes-	Asph	gric	
gave rise to im		JE TO, OR AS A CONS	SEQUENCE OF			0	1		
underlying cous									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINANDISEASE OR CONDITION GIVEN IN PART 1:0								
190 DATE OF OPER/									
3 190 DATE OF OPER	ATION 19	b. CONDITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		S, WERE FINDING	
1 E						YES NO	YE		NO 🗌
		b. TIME OF INJURY YOUR A.M. MONTH	H DAY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM IB P	PART I OR PART 2)	
OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	P.M.	19						
21d INJURY OCCUI		PLACE OF INJURY	NEEKCE EARAA ETC 1	21f LOCATIO	N	CITY OR TO	wN	COUNTY	STATE
WHILE NOT W	/HILE	THE STREET FACTORS, O	, race rann ere j						
		ended the deceased f		16	19_86	10_ 12/16		19 860	that (we) last
saw the deceo	sed glive on	the bady after death.	19 86 .01	nd that in (my)	(aur) opinian d	leath occurred on the d	ate and hou	and from the	causes stated
226. SIGNATURE				DEGREE		1		22c DATE	SIGNED
Georg	15 (+	Kefal	MiD.		TTENDING PHYSICIAN 🗹	MEDICAL STAT		121	16/86
226 PHYSICIAN	AME (TYPE OR PRINT)			22e ADDRES	S			1	
Georgis C	. Kefale	U		2331 H	lolly Spr	ring Dr. Sil.	. Spr.	, Md.	20904
230 BURIAL, CREMATION		DATE	23c NAME OF C			23d LOCATION		COUNTY	STATE
Burial	12	2/22/86	Lincoln	Cemete	ry	Suitland P	rince	George	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

¹⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 2 9 1986 Julia Division Rom

Julia Divideon Randale



ental Hygiene prior to bur

MPORTANT: If Hem 21 should be detached for with the State Dept. of

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME

In BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

3. SEX

STATE OF MARYLAND

STATE OF MARTERIES							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
CERTIFICATE OF DEATH							

DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE	REG. NO.				
MIDDLE		AST .	2a. DATE C	FDEATH MONTH	H DAY	YE AR	2b. HOUR	
P	TAY	LOR		12	19	86	530	PM
ACE	5. DATE C	OF BIRTH	6. AGE IN	YEARS LAST BIRTHDAY)	IF UP	IDER I YEAR	IF UNDER 2	4 HRS
W	Aug.	9, 18 92		94.	rRS.	HS DAYS	HOURS	MIN.
ITIZEN OF WHAT COUNTRY	8	7	9. BALTIM	ORE CITY OR CO	UNTY OF	DEATH		
USA	WIDOWE	D NEVER MARRIED DIVORCED		Montgome	ry			MD.
NAME OF HOSPITAL, NURSI		R OTHER INSTITUTION		OCCUPATION		L KIND OF	BUSINES	SOR
SC-111AA1 W	ADDRESS	0	AUT	1	0			
R INSTITUTION GIVE RESIDENCE BEFO	DE ADMISSIONI		AM	O VENIL		Lutoma	teve	
13c CITY OR TON		134 INSIDE CITY LIMITS?	13 STREET	ADDRESS / ZIP Fenwick	CODE La.	#1110	209	10
300000	Special	15. MOTHER'S MAIDEN NA	ME					
cis Tâyle	or	Sarah		Ellen		Thoris	re	
FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS				
578-07	-2949	Mildred Tay	lor	wife	80	ame a	\$ #13	3
ne couse per line for (a), (b), o AUSE (a) arter	1050	Cerotic h	eari	tdise	ase	APPROXIM BETWEEN O	MATE INTERV	AL EATH
DUE TO, OR AS A CONSEQU	JENCE OF							

<	SILVER SF	RING	SGL1	H FACILITY, GIVE STREET ADDRESS!	R	AUTO DEA	100	oustry utama:	ting
3a S	AL RESIDENCE HE NURS	NG HOME GROTH 13b. COUNTY		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Sidual Supplication	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS /	ZIP CODE	1110	20910
I. FA	William	Fran	icis	Taylor	is. mother's maiden na Sarah	me Eller	1	Thorn	e
	VAS DECEASED EVER (ES. NO OR UNKNOWN) NO	IN U.S. ARMEI		166 SOCIAL SECURITY NO. 578-07-2949	Mildred Tay	llor wife		me as	#13
	Conditions, if any, gave rise to imm	AS CAUSED B IMMEDIATE C which nediate	Y (AUSE (o) (b) (b)	Ine for (a) (b), and (c) ATTURED R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	lerotic h	eart de	sease	APPROXIMA BETWEEN ONS	TE INTERNAL SET AND DEALM
0	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO								
TIFICA	190 DATE OF PERAT	ION	196 CONDI	ITION FOR WHICH PPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES [CAUSES OF	
W.	21a. ACCIDENT WAS UND	ERLYING	21h TIME O	FINJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	PART 21	

211 LOCATION

DEGREE

George Sengstack, M.D.

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an above (I) (and (did not) view the body after death

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

9241 Columbia Blvd., Silver Spring, Md.

2, and that in (my) (apinion death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Dec. 22. 1986 Cedar Hill Cemetery Burial 24 FUNERAL DIRECTOR Francis J. Collins. Jr.

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

76. CITIZEN OF WHAT COUNTRY?

4 RACE

Suitland Prince Georges Md. 25 DEC 2 9 1986 August 250 REGISTRAR'S SIGNATURE

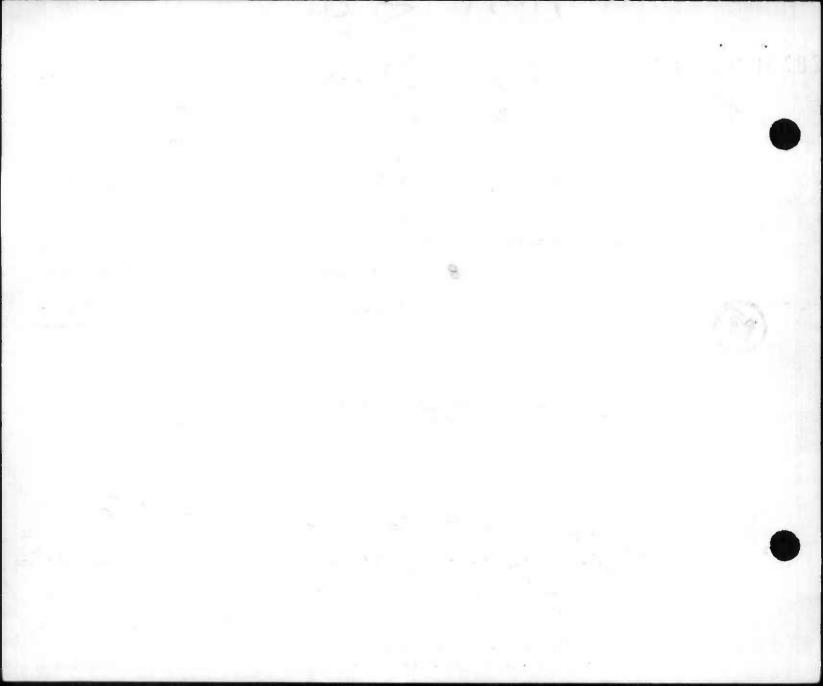
CITY OR TOWN

University Blvd. W. Silver Spring, Md.

COUNTY

22c. DATE SIGNED

STATE



22 (6 120) 1311 3, 2, 2

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DHMH - 16 50M 4/B2

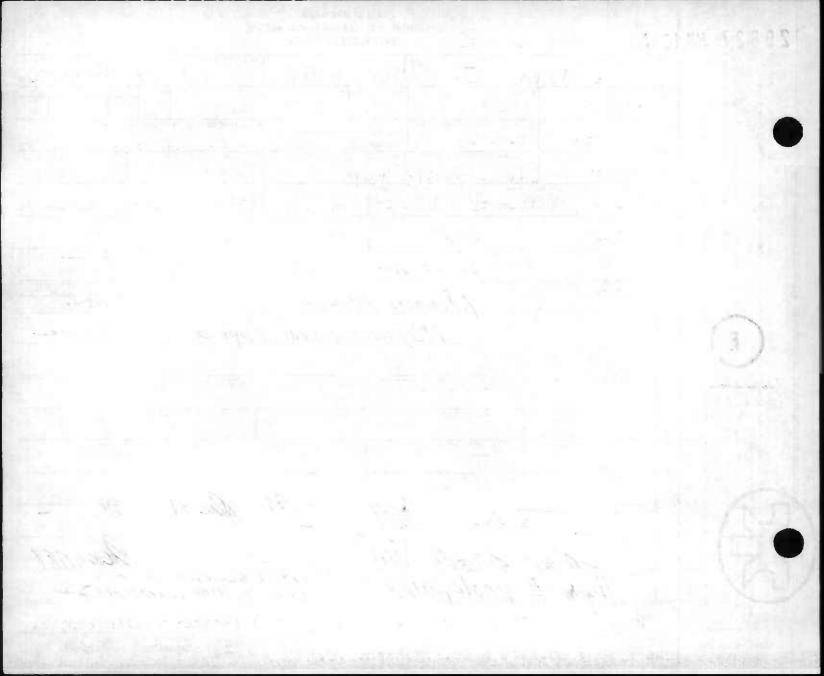
(VRA 15, 4)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 1954 and that in (my) (on a opinion death accurred on the date and hour and from the causes stated DATE SIGNED RNOY, SUMRYLAND 20 Burial Jan.6,1987 Arlington National Cemetery, Arlington, Va. 24. FUNERAL DIRECTOR 'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE The Hysong Co.1300 N St.N.W.Wash.D.C.

STATE OF MARYLAND

2b. HOUR

IF UNDER 24 HRS



D 29503 JAN 8 9 TO BECEASE TO BECEASE TO CHECK THE WORK MAD TO CHECK THE WORK MAD TO CHECK THE WORK MAD TO CHECK THE WORK MAD TO CHECK THE WORK MAD TO CHECK THE WORK MAD TO CHECK THE WORK THE

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is marl

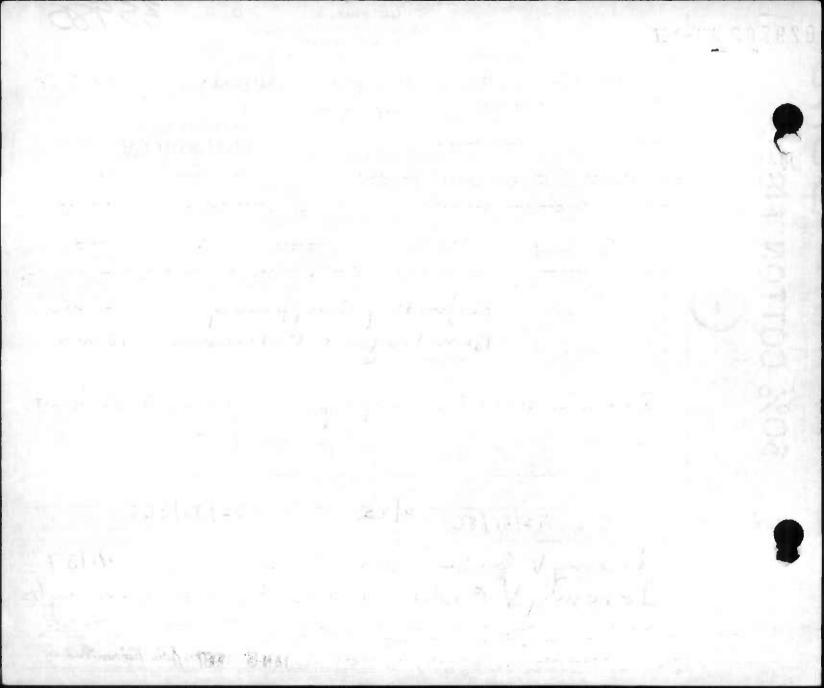
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

59980

- 1						REG. NO.				
- [1 DECEASED NAME FIRST	WIDDLE	ı	.AST	2 a	DATE OF DEATH MO	NIH DAY	YEAR	2b. HOU	R
1	TYPE OR PRINT	0	Thea.		17	Sea leas	21	1001	no	-
1	George	7		mpson		ecember	3	486	7.5	SPM
1	3 SEX			OF BINTH		AGE (IN YEARS LAST BIRTHDA	AY) IF U	JNDER I YEAR	IF UNDER	24 HRS
1	male	caucasian	Marc		EAR	64		VIHS DATS	HOURS	MIN.
1				11 3, 192.		- 1	YRS,	- DEATH		
	76 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIE	D NEVER MARRI	ED 🗆 闪	BALTIMORE CITY OR C	OUNTY OF	-		
М	Maryland	United States	WIDOWE	_		montgon	ners	Cor	unty	MD
d	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE				USUAL OCCUPATION		KIND OF	F BUSINE	SSOR
1	001	LIF NOT IN SUCH EACILITY, GIVE ST			11	YPE OF WORK FOR MOST OF WO	ORKING LIFE)			
4	Bethesda	Suburban	Hospi	tal	IV.	leat Cutter		Food		
7	USUAL RESIDENCE (IF NURSING HOME OF			AND I MICIDE CITY III		CYPET APPREC / 7	ID CODE			
		omery Bethesd		13d INSIDE CITY LIA	WIIS!	STREET ADDRESS / ZI	Road	1 / 20	0817	
-4		,omery seemes a	u	YES NO		JIT ROIDCOL	ritoad	. 9 / ==	JOT /	
1	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIL	DEN NAME	WIDDLE		LAST	r	
4		H. Thomp:	son	_	nces	J.		Ower		
+	160 WAS DECEASED EVER IN U.S. AF			17 INFORMANT	ICES	ADDRESS				
	(YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)				- 110 -		2218	36	
	Yes WW I	I 579 16	4025	Debra L.	Britt	, Rt#6,Box	187,	Warren	aton	, Va.
V.	18 CALISE OF DEATH (Frite: O	nly one couse per line for so) (hi	andie					APPROXIA BETWEEN O	MATEINTER	PEATH
М	PART I. DEATH WAS CAUSE	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY:								
/1	IMMEDIA	TE CAUSE (a)	10 to c	4 ms	The	my		/	me	<u> </u>
		DUE TO, OR AS A CONSE	OUSNICE OF	1	11	1				
	Canditions, if any, which	(Ra sa	Carrier of	1 and it	Cina	CIAL DOGE		18~	NIN	
-4	gave rise to immediate	(p)		- Jane	000	Congress		10/1	700	
	couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF	0						
	underlying cause last	((c)								
Н	PART 2 OTHER SIGNIFICANT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1								
Н	190 DATE OF OPERATION THE CONDITION FOR WHICH OPERATION NAS PERFORMED 1200 AUTOPSY? 1200. IF YES, WERE FINDINGS USED								34.	
)	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	195. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		200 AUTOPSY? 20	N CERTIFYIN	VERE FINDIN	OF DEAT	H2
	E	1		173		YES NO TO	YES [NO [
4	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY	OCCURRED	ENTER NATURE OF INJURY IN	TITEM 18 PART	LORPART 21		
			DAY YEAR			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	(IF EITHER NOTIFY MEDICAL EXAMINE	(R) P.M.	19							
	OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		CITY OR TOWN		COUNTY		TATE
1		(AT HOME STREET FACTORY OFF	ICE FARM ETC)	STREET		CITY OR TOWN		COBIALI		AIL
	AT TOM		4 9	-			91			
	220 1 certify that (1) (this hosp	oital) attended the deceased fro	ım	. 19.		. to 14 21	19.	, t	that (1) (v	we) lost
	sow the deceased alive an	at) view the bady after death.	9, a	nd that in (my) (aur)	apinion dea	th occurred on the date	and hour ar	nd fram the c	couses sta	sted
	226. SIGNATURE	an view the body after death.	_	DEGREE				22c DATE S	SIGNED	
		1 0		ATTEN	DING A	MEDICAL STAFF		. 11	10	7
	derenny	V Gebra	w	PHYSI		HRECTOR PHYSICIAN	N	1/1	10	1
	THE PHYSICIAN'S NAME IN	District 1	,	22e ADDRESS						,
П	1 0 1 10 1 10	. \/ /0	1 .	1000	. (1	1.0	110	4 .	1
-	TELEM	4 1 00	Ce	100		-anin- 1	-Cur	rece	2~	Tu
	230. BURIAL, CREMATION, REMOVAL	1 2A DATE	130 NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		OUNTY		d LATE
	Burial	Jan.5,1987 N	Vationa	l Memorial	Park	Falls Chur	ch	Vir	rgini	la
	24 FUNERAL DIRECTOR Rober					EC'D. BY REGISTRAR 256	REGISTRA	R'S SIGNATI	URE	
	NAME	ADDRE	SS			E 4002 /	Min IN	condum.	Pando	134
	PA, 7557 Wiscons	in Av., Betheso	la, Md.	20814	JAN	9 1901 8				



027872

by the funeral director filed within 72 haurs aft

any injury, or ather troumatic event, the

MPORTANT: If Item 21 is morked or Item 18 shows

23.85 - STATE REGISTRAR		DEPARTM	NENT OF H		YLAND ID MENTAL HYO F DEATH	DIENE	REG. NO.	٥	N.	ð	
DECEASED NAME FIR		McGregor		MSON,	Jr.	20. DATE OF	DEATH MONTH	1580	EAR	26. HOU	PA
SEX Male	4. RACE White		5. DATE C		1916	6 AGE (INVI	EARS LAST BIRTHOAY		-	IF UNDER HOURS	24 HRS MIN.
BIRTHPLACE STATE OR FOREIG COUNTRY)		The CITIZEN OF WHAT COUNTRY? SARRIE WIDOWE			ER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery			MD.		
Chevy Chase		HOSPITAL, NURSIN HEACHITY CAVE STREET Bradley		R OTHER I	NSTITUTION		OCCUPATION FOR MOST OF WORKING			BUSINE Stat	
	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Chevy C		13d INSID	E CITY LIMITS?	13° STREETS	ADDRESS / ZIP CO	Blvd.	208	15	
FATHER'S NAME FIRST James	McGregor	Thomson,	Sr.	1.0	er's maiden na First rgaret	ME	WIDOLE	Pl	nela	n	3
WAS DECEASED EVER IN U	VES, GIVE WAR OR DATES)	091-10-		17 INFOR	v Brenne	r Same	ADDRESS as item	# 13			

Yes	WW II	091-10-0388	Holly Brenne	er Same as						
	TH (Enter only one couse p WAS CAUSED BY: IMMEDIATE CAUSE (0)	er line for (a), (b), and (c).)	vascular	acciller	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MMC					
	DUE TO,	OR AS A CONSEQUENCE OF								
Conditions, if an gave rise to in cause (a), state underlying cause	imediate and the DUE TO.	(b)								
- /	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE WELLOS CLUCKE (additional Library Language Library) 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 200. IF YES,									
198 DATE OF OPER.	ATION 196 CON	DITION FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO					
210. ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?)					
21d INJURY OCCU	HILE THOME.	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	WN COUNTY STATE							
	(this hospital) attended	11 (5-6	nd that in (my) (our) opinio	n death occurred on the d	ote and hour and from the couses stated					

DEGREE

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detoched far use as the burial-transit permit. Then please remove carbonpape with the State Dept, at Health and Mental Hygiene prior to burial, cremation, or remaral.

attending physicia

etained by the haspital

24 FUNERAL DIRECTOFOSEPH Gawler's Sons, Inc.
NAM5130 WI Ave. NW Wash., 20016 DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

the body ofter death

121 S13

23b. DATE

12-17-86

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mt. Comfort Crematory

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Alexandria, VA

10. ADDRESS Bradley Blvd. Chevy Chase, MD 20015

STATE

22c. DATE SIGNED

DEC 22 1986 Julia Dioson-Pa

Julia Divideon Paridale.

. . . . total . El . Wall facty three three three three three. Cont. Nont. Court times & Cont. Cont. Co.

Ten West Dylate West President State on to the

A Server and the server of the manager that there we have

A" altered a control foot of the A month of

jed in by the funeral director, page 3 ild be filed with je 72 hours after death

injury, or other traumatic event, the medica

MPORTANT: If Item 21 is marked antem 18 shawony

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detoched for use as the buriol-transit permit. Then please remove corbonpopers. Fagure with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

5 BETATE REGISTRAR		DEPARIN		ICATE OF I	DEATH	IEME	REG. NO.		
ITYPE OR PRINTS		MIDDLE SLISS	Thorn	^{AST} 1eyer			er 4, 19	986	11:30A
3. SEX	4 RACE		5. DATE C			6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Female	Caucasi	an ·	Feb.	19	1913	73	YR:	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FORE COUNTRY) Mass.	IGN 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER	MARRIED	9. BALTIMORE Montgo	CITY OR COUN		MC
10 CITY OR TOWN OF DEATH Kensington		HOSPITAL, NURSIN CHFACILITY, GIVESTREET LIGEON GOVED				120 USUALOC	CUPATION DEMOST OF WORKIN	G LIFE) 126. KIND INDUSTRI	of Business or
	HOME OR OTHER INSTITUTION COUNTY ONTGOMERY	13, CITY OR TOWN		1.20	NO 🗌	10000	DRESS / ZIP CO Brunswi	ck Ave.	20910 #518
14. FATHER'S NAME FIRST Hanold	MIDDLE	RIIAA		15. мотнек Маи	S MAIDEN NAI FIRST de.		MIDDLE	Chi	AST
160 WAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	017-01-5		17 INFORMA		neyer I	ADDRISA10 jamsvil	Windsor	Rd. 21754
Conditions, if ony, w gove rise to immed couse (a), stating underlying couse	hich (b)	OR AS A CONSEQUE	Sussephence of Sundans			MINAL DISEASE OR CONDITION GIVEN IN PART 110			lio
190 DATE OF OPERATIO	N 196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED 200 AUTOPSY? YES NOW					
	SE OF DEATH HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW IN	IJURY OCCURI	RED (ENTER NATUR	RE OF INJURY IN ITEM	18 PART TORPART?)	
OR CONTRIBUTING CASE (IF EITHER, NOTIFY MEDICAL I 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATH STREE	NC		CITY OR TOWN	COUNTY	STATE
220 PHYSICIAN SNAME	olive on ALC (did not) view the body	ofter death.		DEGREE 	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	15	ESIGNAD SI
John Jero	me Merendi			4701		ph Rd.#1		ekville,	Md.2085

DHMH - 16 60M 7/84 (VRA 15, 4)

O HOSPITAL

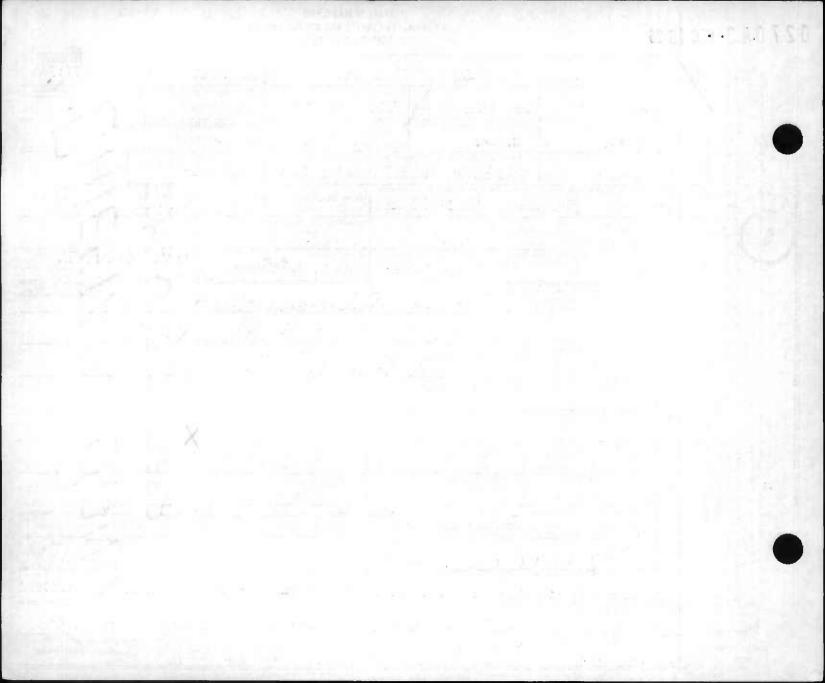
Cremation 24 FUNERAL DIRECTOR

Virginia

Dec. 5, 1986 Metropolitan Crematory Alexandria Country Francis J. Collins, Jr.

The Revol. West. Silver Spring. Md.

DEC 121986 500 University Blvd. West. Silver Spring. Md.



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FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFIC

ATE OF DEATH	REG. NO.		
Thors	20. DATE OF DEATH MONTH	2,1986	26 HOUR 1245
IRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24

DE OF OFFICED NAME	F-10-11	A	MIDDLE		ASI Thore	20 DATE OF DEATH MON	TH DAY	YEAR 12h F	10.10
1. DECEASED NAME		ngusva	0.		ASI Thors		^	TEAK Zb. F	HOUR
- A	16-US	TA	J.	11	toes	DEC	١, ک	1986/	2"5/PM
3. SEX		4. RACE		5. DATE C	-	6. AGE (IN YEARS LAST BIRTHDAY		OTTO THE PERSON OF THE PERSON	NDER 24 HRS
LEMAL	2	PAC	CASIAN	Oct		81	YRS.	NTHS DAYS HOU	JRS MIN,
70. BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. ** A D D IE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	O YTMUC	FDEATH	
Iceland	3	Ice:	land	WIDOWE		Montgomery			MD.
10. CITY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Lora Lane		DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker	RKING LIFE]	12b. KIND OF BUS INDUSTRY Own Hon	
Silver Spr		20 4				Homemarci	-	OWII IIOI	
130. STATE MD	136 COUN		13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	CODE Lane/	/20910	
14 FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
Ingolfur		→ (dislason		Oddny	MIDDLE	-	gfusdötti	
160 WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	Gait	hersburg	g, MD
(YES, NO OR UNKNOWN) NO	(IF YES, GIV	E WAR OR DATES)	577-70-	2267	Ingolfur Th	ors, 4 Corner	wood	CT.,	
18 CAUSE OF DEAT	H (Enter on	ly ane cause per	line for (a), (b), and	ficil		1		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PART I. DEATH W		D BY: E CAUSE (a)	Genda	o re	spectar a	west		com	educt
Conditions, if any,			R AS A CONSEQUE	NCE OF	time a	uenoma	ř.	3 me	(2)
gave rise to immorable cause (a), stating underlying cause	ng the	DUE TO, O	r as a conseque	NCE OF					
PART 2 OTHER SIGN	NIFICANTO	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN	IN PART Iras	
190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			VERE FINDINGS UNG CAUSES OF D	

21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.

YES NO NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21e PLACE OF INJURY 21d. INJURY OCCURRED AT HOME STREET FACTORY OFFICE FARM, ETC) NOT WHILE

211 LOCATION STATE CITY OR TOWN COUNTY

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased abave, (1) (we) (dd 72h SIGNATURI

and that in (my) (our) apinian death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED

ATTENDING STAFF DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL

RockCreek Cemetery

Washington, D.C. STATE

(SPECIFY Burial

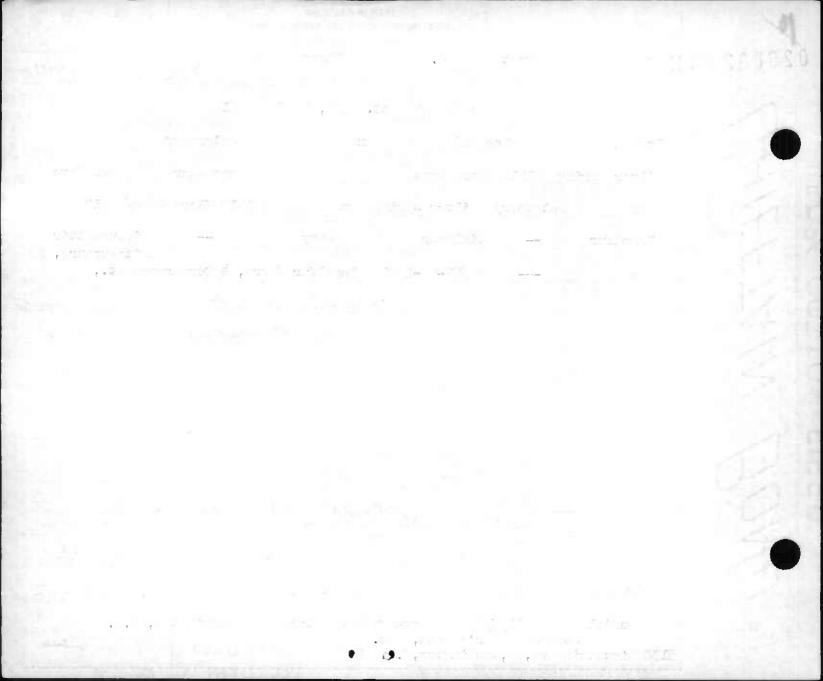
Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D. C. 20016

12/5/86

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is

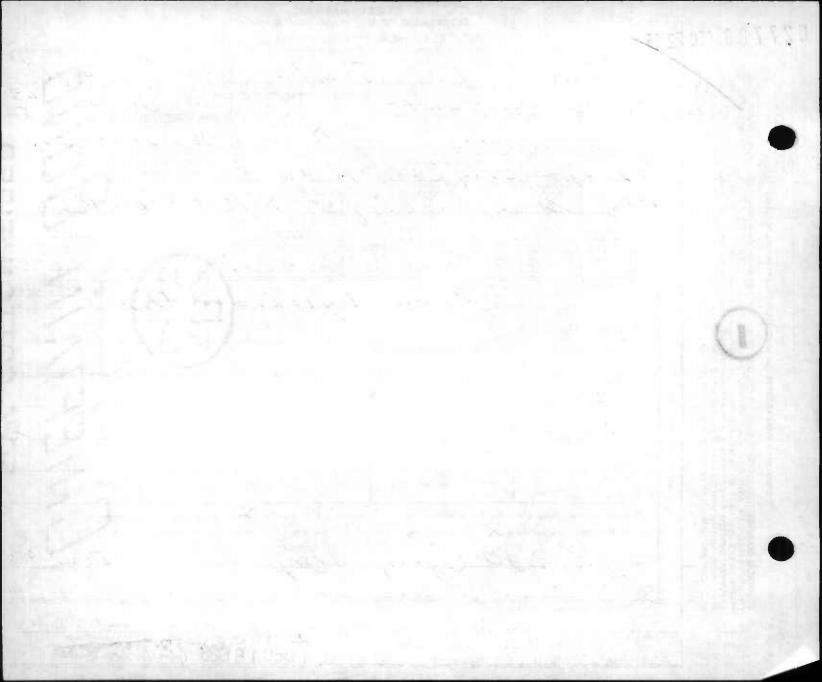
should be detached far with the State Dept. of



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 027780 DEC MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO CEASED NAME KNOWN P 2a. DATE TYPE OR PRINTS OF ESTI-DEATH MATED -2 IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF LINDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY) DAY MONTHS PRONOUNCED DEAD Th. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Texas DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK IR CITY OR TOWN OF DEATH KIND OF BUSINESS Home Inspector (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Fitato USUAL RESIDENCE (IF IN NURSING AGME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

131. COLY OR JOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME E PANE FORM PI Renfro Margaret MIDDLE Charles Tomlin 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS [YES, NO, OR UNKNOWN] (IF YES, GIVE Viet Nam 453-78-1685 Jacqueline A. Tomlin wife same as ues CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ... DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL FOF HEALTH AND ME JRIAL, CREMATION, lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, EXECUTE THE CERTIFICATE, WRITING THE WORD "IP PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [] NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC. 1 WHILE AT WORK CITY OF TOWN COUNTY STATE Inspection 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE DC als 1988 ACTUAL MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 1919 Seminary Rd., Silver Spring, Md. John S. Rogers. M.D TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE Dec. 18, 1986 Gate of Heaven Cemetery Silver Spring Montgomery Md. Buria 07/84 BP 25M Francis J. Gallins. Jr. **DHMH - 17** (VR A15 ME (5)) 500 University Blud West Silver Spring



028500

1-86	FOR STATE RECISTRAR			DEPA		CATE OF DEA		NE O	REG. NO.	0 2		ſ
	EASED NAME	FIRST		MIDDLE	LA	AST		20. DATE OF D		DAY	YEAR	2b HOUR
	OK / KINTY	JOSC	-ph	SIDNI	EY TOME	PKINS, JR			12	- 2_1-	86	8:45 A
. SEX	b) ALE		CAUCAS	IAN	5. DATE O		YEAR 31	AGE (IN YEAR	RS LAST BIRTHDAY)	MONTH	DER 1 YEAR	1F UNDER 24 HRS HOURS MIN.
0	RTHPLACE (STATE OF COUNTRY) Tennessee	R FOREIGN	7b. CITIZEN OF	WHAT COUNT	RY? 8. MARRIED WIDOWEI	NEVER MARI	RIED 🖳		CITY OR CO		DEATH	MD
0. CI	TY OR TOWN OF DE	IG	11. NAME OF	HOSPITAL, NUI ICH FACILITY, GIVE ST ROSS HOS	RSING HOME O	R OTHER INSTITUT	TION 1	2a USUAL OC	CUPATION OR MOST OF WORK	12	ARTS	F BUSINESS OR
30. S	RY LAND	13b, COUN PR.		13c. CITY OR T SEABRO				6814 KE	DRESS / ZIP			20706
I. FA	JOSEPH		S.	TOMP	KINS,SR.	15. MOTHER'S MA LOTS			MIDDLE	NC	LLOM	
	VAS DECEASED EVE YES, NO OR UNKNOWN) YES		MED FORCES? E WAR OR DATES)	215-26		MARILYN	в. то	MPKINS	WIFE	SAME	AS	13
	Canditions, if an gove rise to in cause (a), stat underlying caus	nmediate ing the	(b)_	DR AS A CONSE DR AS A CONSE	totle	LUAG	(CO)	NER				
LION	PART 2. OTHER SIG					NOT RELATED TO		AL DISEASE (N GIVEN II		
CERTIFICATION	196. DATE OF OPER	ATION				comp con			NO THE COL			OF DEATH?
MEDICAL CE	216. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER, NOTIFY MED 216. INJURY OCCU	CAUSE OF DEA	TH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJUR	Y OCCURRE		RE OF INJURY IN IT			
ME	WHILE NOT W	ORK -		TREET, FACTORY, OFF	11/4	STREET	01		CITY OR TOWN		COUNTY	STATE
	22a I certify that (sow the decea above, (I) (we) 22b. SIGNATURE	sed alive on	12/2	0	9 9 5 , an	id that in (my) (our	9 76 r) apinion de	, to	on the date or	d hour and		
	774 PHYSICIAN'S N	LAME ATTOCK	> \	to	m	ATTE	nding sician 🎩	MEDICAL DIRECTOR	STAFF PHYSICIAN (121	21(86
	Reno	tary	700	MK W	10	5530 WIS				Y CHA	ISE, I	MD.
	BURIAL, CREMATION	I, REMOVAL	DEC.22			EMETERY OR CREA		23d. LOCATI	TOWN	eo	UNIY VTRG	STATE 7NTA

DHMH - 16 60M 7/84 (VRA 15, 4)

FRANCIS J. COLLINSPRESSIR 500 UNIVERSITY BLVD., W. SILVER SPRING, MD.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEC 2 9 1986 Julia Bridge Redistraria

WASHING UE. GEG. SEARGOOK

TOTAL S. TOWKINS, SR. LOIS L. PRILWIN

TEST WES, FRANKE ASTS

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CIB-26-3315 NARILVY B. TOWNTHS HYRE SAME AS 13

MINISTER VERBERALLY SHILLY AND THE STATE SOUTH SOUTH STATE OF THE STAT

LINES OF LOCAL CONTRACTOR

PROPERTY PROPERTY.

Fire shend the Charle W. D. Seer Misconsin Author Charles In.

son requestions in the first of the control of the control of

page 3 35 95° DEC TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physhould be detached for use as the burial-transit permit. Then please remove corbanges with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event.

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE REG. NO.		
	I. DECEASED NAME FIRST		10ance	- De		(M
CO	86 17	4 RACE	5. DATE OF BIRTH MONTH 12 30 O	9 76	MONTHS DAYS HOURS MI	
1	7. BIRTHPLACE ISTATE ORFOREIGN COUNTRY) New Jersey	75. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED	MONT 90	MOVES	MD.
4	Silvey Spring	HOU CYOS	S HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Retired ans	VORKING (IFE) INDUSTRY	OR
1		e George Bowie	VN 134. INSIDE CITY LIMI	16211 Penn	Manor Lane 2071	16
1	14. FATHER'S NAME FIRST William	Martin Torran		LS8.	Mitchell	
1		RMED FORCES? VE WAR OR DATES) 166. SOCIAL SECUL 224-60-		ADDRESS	same as 13e	
	PART I. DEATH WAS CAUSE	nly one couse per line (50), (b), or ED BY: TE CAUSE (o)	Hic Shock.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	н
		DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF THE CONTRIBUTING TO	JENCE OF	TERMINAL DISEASE OR CONDI	TION GIVEN IN PART Ito	_
	19a DATE OF OPERATION 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING		Vascular Ac		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
1	OR COLUMNIA COLUMN OF DE	HOUR A.M. MONTH D		CCURRED (ENTER NATURE OF INJURY	YES NO NO NI IN ITEM 18 PART 1 OR PART 2)	
	GRECONTIBULING CAUSE OF BE. (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CHY OR TOWN	COUNTY STATE	
	sow the place osed office on	ital) attended the declared from 12/1/19	86, and that ve (my) (our) op	86, to 12 pinion death occurred on the date	ond hour ond from the couses stoted	ost
	224 PHYSICIAN'S NAME (1YPE	t Taul		AN DIRECTOR PHYSICIA		5
	StuartT	urkewitzd	5	reenbelt,	nway Cat Dr +1d. 20770.	-
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	Dec 13 1986 M	NAME OF CEMETERY OR CREMAT	natory Alexand	ria, Virginia	
	24 FUNERAL DIRECTOR	Deal 1600	O Annapolis Rd 25	DATE SEC'D. BY REGISTRAR 25). REGISTRAR'S SIGNATURE	

Bowie, Maryland

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

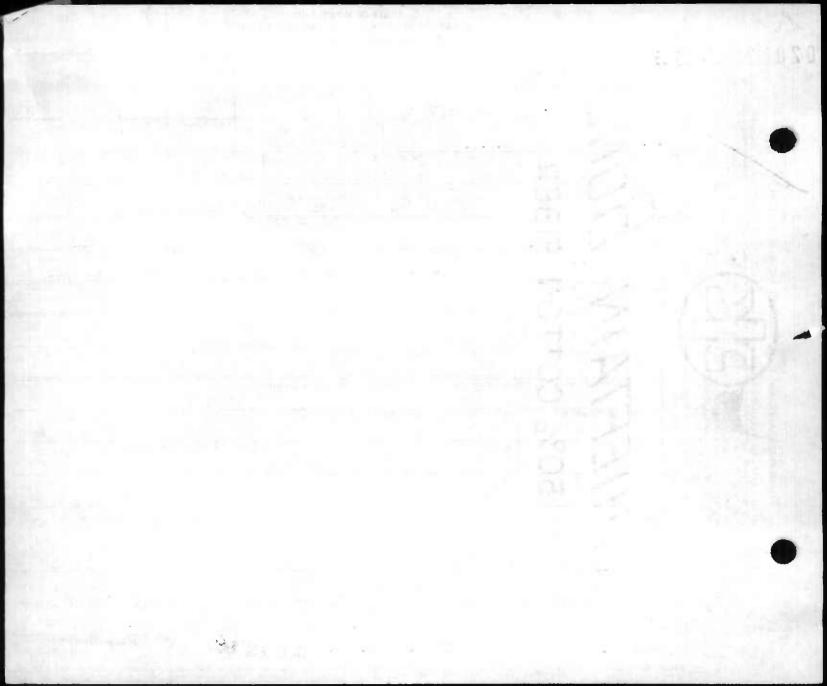
Beall Funeral Home

DEC 1 2 1888

Julia Dividion. Rendale

76 St 11 76 Maria de Santa de Calendario d The tree at least and between I had the House the tree to the LICH sand worsk and fill in not a stool agree contribution The property of the contract o alaberty, the man at greater to marked ones, 400, 17 seconds and TOUCHE BEEN BURN COCKE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFN FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26. DATE KNOWN ESTI-TORRENCE DEATH MATED TOLSON LINERAL DIRECTOR 1986 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED :84, male Black 20 67 19 DEAD 17 1986 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY D.C. U.S.A. WIDOWED [DIVORCED Montgomery County N PAGE N PAGE BE FILED. 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Takoma Park Washington Adventist Hosp. Stock Clerk private SUAL RESIDENCE (IF IN HUMBERS 130 STATE Glenarden 13d. INSIDE CITY LIMITS? Lie_STREET ADDRESS 8638 Fulton Avenue 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Harry Bland Tolson Barbara 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 579-90-8216 Harry Tolson (Father) 8638 Fulton Ave 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING". IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WITHOUT PROPERTY OF THE PROPERTY AND A BURIAL. PRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDINAL HYGIENE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TRIPART LOR PART 21 HOUR KIN MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 12-17- 1986 Subject shot. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION AT WORK AT WELL Street, FACTORY, FARM, ETC.) Chillum Rd., Hvattsville, Prince George's MD 22a I certify that I taak in irge of the remains described above, held an and in my apinian Hamicide X death resulted fram. Undetermined manner TITLE (SPECIFY ACTUAL MD Assistant MEDICAL EXAMINER 12-18-86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn St., Balto., MD (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial PG Maryland Landover Harmony Mem. Cemetery DEC 29 1988 TRAN JOB REGISTRAN SON REGISTRAN 24. FUNERAL DIRECTOR Lemmel R. Woodfork DHMH - 17 ADDRESS 1722 No. Capt. St. (VR A15 ME (5))



(VRA 15, 4)

STATE OF MARYLAND		STA	TE (OF	MA	RYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

027326.0	EC-	FOR STATE S REGISTRAR	DEPA	RTMENT OF HEALTH AN CERTIFICATE O		REG. NO.		
noy be	1. DEC	CREENT MARGI	ARET Emma	Truk	LAV	20. DATE OF DEATH MONTH	10/86	7:30 M
nue 4 mo	3. SEX	emale	CARCASIA	August 1	4,1922		IF UNDER 1 YEAR MONTHS DAYS RS.	IF UNDER 24 HRS HOURS MIN.
4 1275		RTHPLACE (STATE OR FOREIGN OUNTRY)	United State	MARRIED LX NEVI	ER MARRIED	Montgomery		MD.
1 11/10		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER I		12a. USUAL OCCUPATION INFERENCE WORK FOR MOST OF WORK! EXECUTIVE	126. KIND C	OF BUSINESS OR
		ithersburg	9421 Ouill]			Secretary		gy Co.
1 16 35	13a S Ma:	ryland Mont	NTY 13c. CITY OR TO	ersburg ^{YES}	NO 🗌	13e.STREET ADDRESS / ZIP C 9421 Quill F	Place/ 2	0879
1 1/42	14 FA	THER'S NAME NOT AVAILA	MIDDLE LAST LOGGE		ER'S MAIDEN NAM	MIDDLE	Dane.	
d com		AS DECEASED EVER IN U.S. A			RMANT (Hus)	I <u>LABLE</u> oand) ADDRESS	Bun 121 Quil	n 1 Place
P Pop on an		No N/	A 193-18	7	eph A.	Trudeau Gai	thersbu	rg, MD
physical phy		PART I. DEATH WAS CAUS	inly ane cause per the far (a), (b) ED BY: ATE CAUSE (a)	lac	me	S	100	ONSET AND DEATH
and to		Conditions, if any, which	DUE TO, OR AS A CONSE	LENCE OF	in	mulne	& u	eno
by the etches		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		11	1	
equires the signed Then plec	NO	PART 2: OTHER SIGNIFICANT	Deliver	O DEATH BUT OUT HELD	TED TO THE TERM	INAL DISEASE OF CONDITION	FOREN IN PART II	0
on. hos bee t permit. ene prior	CERTIFICATION	19a date of operation	INI. CONDITION FOR WH	CH-OPERATION WAS PER	REGRMED	YES NO NO NO NO NO NO NO NO NO NO NO NO NO	IF YES, WERE FINDI ERTIFYING CAUSES YES []	NGS USED S OF DEATH? NO
HYSICIAN: The nding physicio physicio physicio phis certificate his buriol-transit i Amental Hygie or Itematiff sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	V INJURY OCCURR	ED (ENTER NATURE OF INJUR) IN ITE	M 18 PART I OR PART 2)	
ATTENDING PHYSICIAN: The sapital or attending physician (CTOR, After this certificate had far use as the buriol-transit p.t. at Heelth and Mental Hygien m. 21 is marked at item if show	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	21f. LOC/	ATION TREET	CITY OR LOWN	COUNTY	STATE
TENDIN that or of OR: Aft privacions theolth		22a. I certify that (1) (this has	oital) attended the deceased from	H. and that in	10	death accurred an the date and	d haur and fram the	that (1) (wot lost
OR ATTENDE hospital DIRECTOR oched for u Dept. of H	6	abave, (I) we) (didn(did r	ot; view the body after death.	DEGREE	ATTENDING	MEDICAL STAFF	22c. DATE	
O HOSPITAL efpined by the TO FUNERAL should be det with the Store with the Store		22d. PHY SICIAN'S NAME (Type	ORPRINT)	121 AD9		DIRECTOR PHYSICIAN [11/21	0817
TO HOSI	23a B	URIAL, CREMATION, REMOVA	VVIIICT	THAME OF CEMETERY	OR CREMATORY	23d LOCATION	copy	
BP	(Cremation	111, 1986 N	Metropolita	an _	Alexandria		irginia
DHMH - 16 60M 7/84	24. FL		rt A. Pumphre		Hones	EC 1 5 1986	GISTRAR'S SIGNAT	Pandalle

oge 4 moy be

teath certificate be executed within 24 hours ofter death. P

tending physician and campletely filled in by the funeral direction of corbon popers. Pages 1 and 2 should be filed within 72 hours with

		. 01 111	~	Piller	
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENI
CE	RTIF	ICATE	OF	DEATH	

- 5	FOR PATATE REGISTRAR	1000		ALTH AND MENTAL HYG	REG. N	0.		
	ECEASED NAME FIRST	MIDDLE	Į.A.	ST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	FLOA	LENCE M	TUR	NER	DEC	2-5	1986	4:00/pm
1.5	EX	4 RACE	S. DATE OF		6. AGE (IN YEARS LAST BIR		INDER FYEAR	IF UNDER 24 HRS
	FRANCE	WHITE	JUNE	30, 1897	89	YRS	INS. DATS	HOURS MIN.
200	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY	R COUNTY OF	DEATH	
	MARY LAND	USA	WIDOWED		MONTGOM	ery ce	MATH	MD.
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME OF	OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
1	KENSINGTON	CIRCLE MAN		IG HOME	SALESLAD		MURPH	ty co.
. Wal	JAL RESIDENCE HE NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESID	DENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	1		
			R SPRING	YES NO		FORD R	DAD /	20901
	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA			110	
	Joith .	Ta- 0 C	MITH	MARTHA	WIDDLE		BUR	RIS
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRI 620			
	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) STO	7-28-7855	JOHN N. TURNE	-0 (0	TISVILLE		20782
	18 CAUSE OF DEATH (Enter							MATE INTERVAL
	PART I. DE ATH WAS CAU	CED DV		AILOMIA			- 1	Aus
	MINICO	DUE TO, OR AS A C						
NC	gove rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	200			MINAL DISEASE OR CON	DITION GIVEN	IN PART 11c	p
H Ĕ	190 DATE OF OPERATION		OR WHICH OPERATION		20a AUTOPSY?	20b IF YES, W		
/ 일		AT .			YES NO	IN CERTIFYIN		OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L (IF EITHER NOTIFY MEDICAL EXAMIT	DEATH HOUR A.M. MC	ONTH DAY YEAR	21c. HOW INJURY OCCUR	_ 7			
MEDI	21d. INJURY OCCURRED WHILE ON ON WHILE OF AT WORK	21e. PLACE OF INJU	RY DRY OFFICE, FARM ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
1	22a.1 certify that this has sow the decased alive a	spital) attended the decear an JEC 2 not view the body after de		that in (our) apinion				that (we) lost causes stated
	226 SIGNATURE	- Stagel	H	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DAJE	SIGNED 5/86
	MARTIN	C . SHARG	EL	22e ADDRESS 372	O FARRAGE		E 0895	
230.	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL		6 UNION (METERY OR CREMATORY	23d. LOCATION CITY OF TOWN BURTONSVICE	LE, Men	OUNTY	MARYCAN
24	FUNERAL DIRECTOR			DSn DA	TE REC'D. BY REGISTRAR	25h REGISTRA	R'S SIGNAT	LIRE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached for until the State Dept. of Pa

MPORTANT. If hem 21 is marked og

0281 Eth 1"-357 the state and and section of seasons.

07/84 BP. **DHMH - 17** (VR AT5 ME (5))

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial

death resulted from:

EXAMINER'S NAME TYPE OR PRINT

23r NAME OF CEMETERY OR CREMATORY

Homicide

23d. LOCATION

Undetermined monner

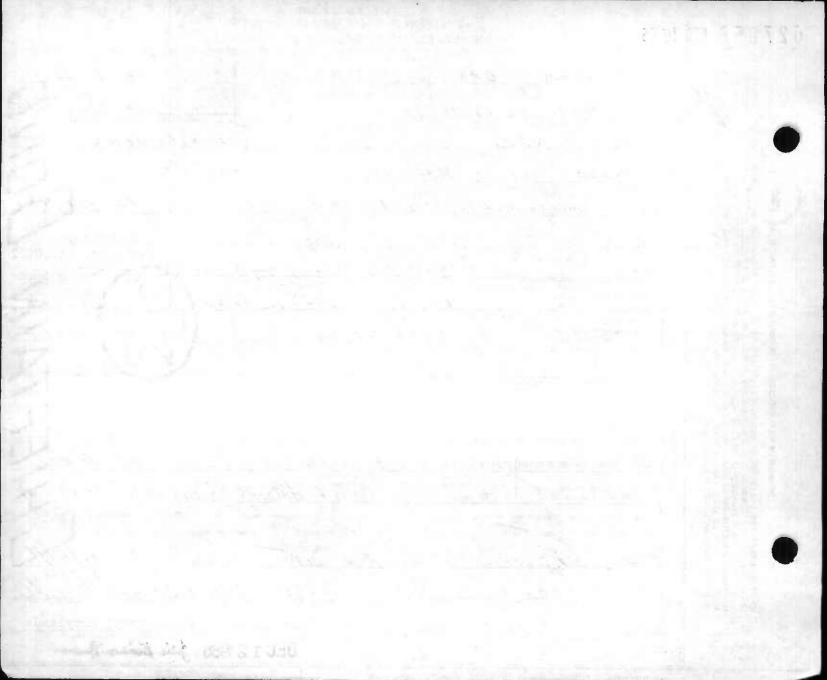
MEDICAL EXAMINER

Judean Memorial Gardens Olney; Montgomery; Maryland

NO Z

19 86

24 FUNERAL DIRECTODAN ZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 10851



CERTIFICATE OF DEATH REGISTRAR REG. NO. PDECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT). 4. RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR 7a. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED Montgomery 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UCH FACILITY, GIVE STREET ADDRESS! Homomakon USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Siver SA 13a STATE 136 COUNTY 13 . STREET ADDRESS AZIP CODE 13d. INSIDE CITY LIMITS? 700 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Glonn Cahonlu Flzina 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) Dale Vanscou Husband 18 CAUSE OF DEATH (Enter only one couse per line for (b), and co PART I. DEATH WAS CAUSED BY sirale IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. QTHER BIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Shock prior 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene DIVISION OF VITAL NOV 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00, iol-troi HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET marked NOT WHILE 220.1 certify that (1) (this hospital) attended the pecessed from sow the deceased align on above. () (we) (did) (bid not) liew the body after death. . and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226_SIGNATURE DEGREE ATTENDING MEDICAL STAFF my ild be deta the State DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS ploods MD 0 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN

Cremation Dec. 6, 1986 Metropolitan Crematory Alexandria
24 FUNERAL DIRECTOR Francis J. Collins, ADDROPTIR. 250. DATE REC'D. BY REGISTRAR 256.

University Blvd. W. Silver Spring.

- STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

17b. KIND OF BUSINESS OR

MUORS

APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH

Same, as

YES [

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

STATE

IF LINDER 26 MR

IF UNDER 1 VEAR

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		deoth Pope 4 mov be	2000
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO MOSPITAL OF ATTENDING DAYSHIAN. The law remises that the death carifforts he executed within 24 hours ofter death. Pane 4 may be	
		HOSPITAL OR ATTEN	THE STATE OF THE S
		L	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

15 FOR FATE REGISTRAR	DEPARTME	ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	
I. DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
(TYPE OR PRINT) Bert	ho elizabeth	Voneiff	12 - 2 -	86 6:25g M
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
FEMALE	WHITE	July 23, 18	94 92 YRS.	MONTHS DATS HOURS MIN.
TO. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	- 9 BALTIMORE CITY OR COUNTY	OF DEATH
Pennsylvania	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	County, MD.
TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
Rockville	National Lut	heran Home	office worke	
Maryland Ba	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A DIVITY 13c CITY OR TOWN Altimore Baltim	ore YES NO	6008 Blenhei	m Rd. 21212
FATHER'S NAME FIRST Henry	S. Marshall	15 MOTHER'S MAIDEN Paul	WIDDIE	hneider
(YES NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRESS	Doglessille Md
no (IF 183, C	215-01-	9131 Rev.Rich	nard Reichard 97	Rockyille pr.Md
18 CAUSE OF DEATH (Enter	only one couse per lymfor (o), (b), and SED BY:	Ic	0 40	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (0) Carcin	round of	nortale	3 yearns
	DUE TO, OR AS A CONSEQUEN	ICE OF		
Conditions, if ony, which	((b)			
gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUEN	ICE OF		
underlying couse lost.	(c)			
	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIV	EN IN PART 110
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
	EATH HOUR A.M. MONTH DAY		CURRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART (OR PART 2)
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	211 LOCATION	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this has	prital) ottended the deceosed from	Man 9 19 7 6 ond that in (my) (our) opi	7 to Dec 2	19 that (II (we) last ond from the causes stated
22 IGNATURE	-M-Cam	DEGREE ATTENDIN PHYSICIA	IGN MEDICAL STAFF	12-2-26
HARULD	F. M. CANI	U 4362-2	26th HN. woles	igton, Va
230. BURIAL, CREMATION, REMOVA		ame of CEMETERY OR CREMATO	CITY OR TOWN	COUNTY SATE
24 FUNERAL DIRECTOR	00 N St. N.W.W	250.	DATE REC'D. BY REGISTRAR 25b. REGIST	

DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNERAL DIRECTOR: A should be detoched for use with the State Dept. of Heol etoined by the hospital

and Mental Hygiene prior to B



	. DEC	TATE EGISTRAR EASED NAME ORPRINT)	FIRST		WIDDIE	IER'S CERTIFICAT	2a. D	REG. N ATE KNOWN (S OF ESTI-	MONTH	DAY YEAR	2b.
L	(Ragna		Epi y	Wallblom	DE	EATH MATED	13	19	1
3 1	Fe	male a	White	2 5.		ARS IF UNDER 1 YR. IF	S MIN PROI	DATE NOUNCED DEAD	12 1	DAY YEAR	2d
	Wis	BCONSIN		76. CITIZEN OF W	A.		ORCED	THOMOMETER .	-	OF DEATH	
		ckville	EATH	11. NAME OF HO:	SPITAL, NURSING HOMI CETGIBOULEVA	E, OR OTHER INSTITUTION	12a USUAL C	OCCUPATION IT	PE OF WORK	OWN INDOF B	ISINI
	3a ST		NURSING HOME OR 13b. COUNTY Montgo	Υ	13t. CITY OR TOWN ROCKVILLE	13d. INSIDE CITY LIMI	15? 13e. STREET A	Aster Be	ouleva	208 rd	3
		THER'S NAME FIRST Ben		MIDDLE	Gordon	15. MOTHER'S M FIRST Anna		MIDDLE	stra		
		AS DECEASED EVI S, NO, ON ONOWN)	(IF YES, GIVE W		166, SOCIAL, SECURIT 470-42-6		oster, Gralls, Wis				18
		Canditions, if gave rise to cause (a) state	ng the under-	DUE TO, OF	R AS A CONSEQUENCE	cross	Orte	10026	lero!	-15	
	TION	gave rise to cause (a) stati lying cause la	any, which immediate ng the under-st.	DUE TO, OF	R AS A CONSEQUENCE R AS A CONSEQUENCE DUT NOT RELATED TO THE TERM	OF OF MINAL DISEASE OR CONDITION GIVEN	IN PART L(a).	vi020	1.00		
	TIFICATION	gave rise to cause (a) statilying cause la PART 2 OTHER SIGNIFIC	ony, which a immediate ng the under-st. ANT CONDITIONS CO	DUE TO, OR (b) DUE TO, OR (c) ONTRIBUTING TO GEATH	R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER	OF OF AINAL DISEASE OR CONDITION GIVEN RATION WAS PERFORMED?	Orte			20 AUTOPSY YES 🗆	
	U	gave rise to cause (a) staffy lying cause la part 2 OTHER SIGNIFICE 190 DATE OF OPE 210 EXTERNAL CAUNDERLYING CONTRIBUTING CONTRIBUTING	any, which a immediate ng the under- st. ANT CONDITIONS CO RATION USE WAS OR CAUSE OF DE	DUE TO, OR (b) DUE TO, OR (c) ONTRIBUTING TO OEATH 196 CONDI 216. TIME O HOUR A.A. P.A.	R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER IF INJURY M. MONTH DAY YEAR A. 19	OF OF MINAL DISEASE OR CONDITION GIVEN RATION WAS PERFORMED? R 21c HOW INJURY OCCI	Orte			20 AUTOPSY YES 🗆	? N
277	CAL	gave rise to cause (a) staff lying cause la PART 2 OTHER SIGNIFIC 19a DATE OF OPE 21a EXTERNAL CA UNDERLYING L	any, which a immediate a immediate as immediate as the second of the sec	DUE TO, OR (b) DUE TO, OR (c) DITRIBUTING TO GEATH 196 CONDI 216. TIME O HOUR A.A. 21e PLACE	R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER IF INJURY M. MONTH DAY YEAR	OF OF MINAL DISEASE OR CONDITION GIVEN RATION WAS PERFORMED?	IN PART I (0). URRED (ENTER NATUR			20 AUTOPSY YES []	
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N N N N N N N N N N N N N N N N N N N	MEDICAL	gave rise to cause (a) staffy lying cause la staffy lying cause la 19a DATE OF OPE 21a EXTERNAL CAUNDERLYING CONTRIBUTING CONTRIBUTING AT WORK AT 22a 1 certify the death resulted line actual SIGNATURE	any, which a immediate and the	DUE TO, OR (b) DUE TO, OR (c) DINTRIBUTING TO DEATH 21b. TIME O HOUR A.A. EATH 21e PLACE STREET, PACE of the remains de	R AS A CONSEQUENCE R AS A	OF OF AINAL DISEASE OR CONDITION GIVEN RATION WAS PERFORMED? R 216 HOW INJURY OCCI 216 LOCATION STREET Autopsy Insp Jicide Hamicide TITLE (SPECIF M.D ADDRESS METERY OR CREMATORY	IN PART I (e). URRED (ENTER NATUR CITY MEDICAL 23d, LOCAT CITYOR TO CITYOR TO CITYOR TO 170 PTO 170 PT	e OF INJURY IN ITEM 18 OR TOWN quiry , and manner , and manner , and manner , and manner , and manner	DATE SIGNED	20 AUTOPSY YES 21 21 21 21 21 21 21 21 21 21 21 21 21	5

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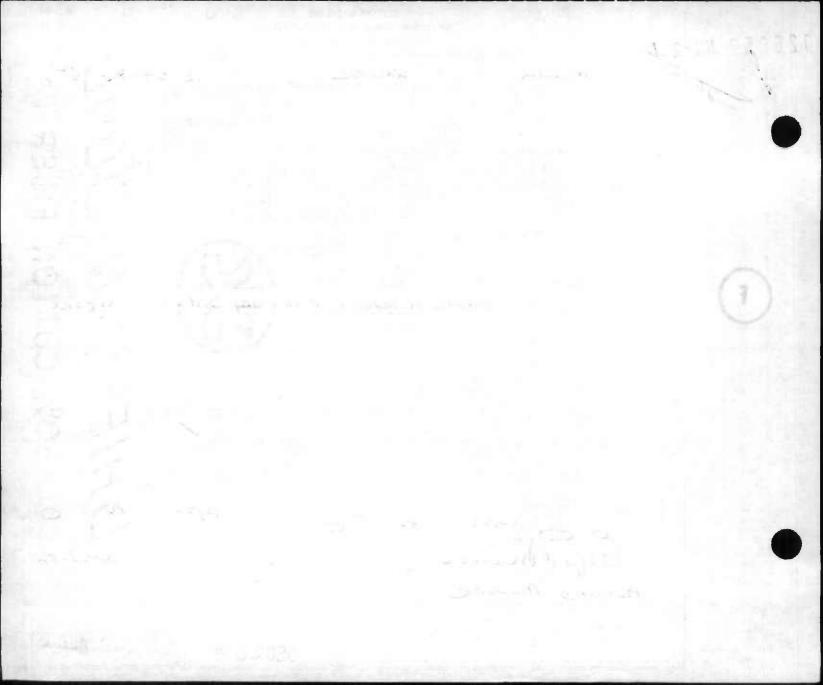
_		FOR
1	-	STATE

STATE OF MARYLAND

STATE OF MARTERIO	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

LZ	h /				REG. NO.	
	PECASED NAME FIRST	E'AM		AST AFR	20 DATE OF DEATH MONTH	4-86 620 M
-					6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER) YEAR IF UNDER 24 HRS
3	Female	Caucasi	an Janu	iary 27, 1891		MONTHS DAYS HOURS MIN.
7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
L	Illinois	United S	states WIDOWE	D DIVORCED	Montgomery	TAID.
10	Kensington		PITAL, NURSING HOME C CILITY GIVE STREET ADDRESS! CON Gardens		120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING Secretary	126 KIND OF BUSINESS OR INDUSTRY GOV T
IV	STATE LAND MO		RESIDENCE BEFORE ADMISSION) CITY OR JOWN CONSINGTON	13d. INSIDE CITY LIMITS?	3000 McComas	Avenue/20895
14.	FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
L	George	WIDDLE	Walter	Lily	MIDDLE	LaFevre
160	(YES, NOOR UNKNOWN) (IF YE	COVE WAR OR DATES	8-40-7177	Dorothy Hat	ster) ADDRES W tfield West H	Walton Drive Hartford, CT
F	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause per line	for (a), (b), and (c)	CTIB PULMO	NAM DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П	IMME	DIATE CAUSE (o)	EONIE OBSTILL	CTIVE FUNCS	שובישונושה אחון אי	YEARS
П			A CONSEQUENCE OF			S. 34 E.
	Canditians, if any, which gave rise to immediate couse (0), stating the	.)	S A CONSEQUENCE OF		7	
	underlying couse last		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART 110
S						
CERTIEICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{NO} \)
	OR CONTRIBUTION CAUSE O	F DEATH HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART 1 OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE OF I	N IURY	211. LOCATION		
AF	WHILE NOT WHILE AT WORK	(AT HOME STREET	FACTORY, OFFICE FARM ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this h		eceased fram	, 19	10 12/24	, 19 86 , that (1 we) lost
П	sow the deceased aliv	e on +2-12-3 d not view the body ofte	19 84 , or	nd that in my (our) opinian	deoth occurred on the dote and h	naur and fram the couses stated
	27b. SIGNAZUH	d hop view the body offe		DEGREE		22c. DATE SIGNED
	alfre	of mule	en		MEDICAL STAFF DIRECTOR PHYSICIAN	12-25-86
	ALFRED		R	3301 New Me	exico Ave,NW,	Washington, D
23	BURIAL, CREMATION, REMO	1_ 198	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
24		Decembe	2 2 Wheato	on Cemetery	Wheaton C	Cook Illinoi:
-	NAME	obert A. F	umpnrey Fu	ineral Homes	REC'D. BY REGISTRAR 255 REG	Derder Condes
P	.A.,7557 Wis	sconsin Av	enue, Beth	esda, MD UE	9	

DHMH - 16 60M 7/84 (VRA 15, 4)



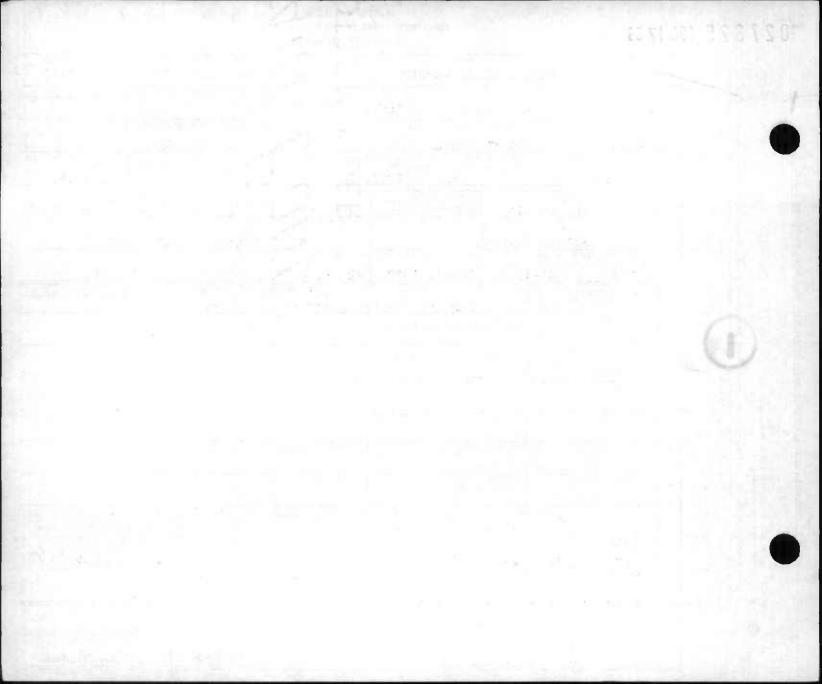
(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

-	DECEASED NAME FIRST	TUART BYERS W		AST	DECEMBER 6	1986	YEAR	26. HOUR 1:27
1.5	MALE	CAUCASIAN	S. DATE C	DEBIRTH ST 9 ^{AY} 1918 ^{EAR}	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 H
N	BIRTHPLACE STATE OR FOREIGN COUNTRY) EBRASKA CITY OR TOWN OF DEATH	UNITED STAT	ES MARRIE	D NEVER MARRIED DO DIVORCED S	9 BALTIMORE CITY O MONTGOM	IERY		BUSINESS
1	BETHESDA	(IF NOT IN SUCH FACILITY, GI	VAL HOSPI		(TYPE OF WORK FOR MOST OF		U.S.	
130	SUAL RESIDENCE (IF NURSING HOME B. STATE 136 CO	UNTY 13c. CITY (or town ngton, DC	134. INSIDE CITY LIMITS? YES XX NO [13e.STREET ADDRESS / 2032 BELM		D, NW	999
1		W WARWICK	LAST	15 MOTHER'S MAIDEN NA	LOUISE EVA		LAST	
		GIVE WAR OR DATES)	12-1843	PAUL E. CAWEI	N,2025 ALLE		NW,	
- 1	Canditians, if any, which	(d)						
CATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN' 19a DATE OF OPERATION	DUE TO, OR AS A COI	NG TO DEATH BUT		INAL DISEASE OR CON	20b. IF YES, WE	RE FINDIN	GS USED
CERTIFICATION	Cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN: 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	(c) CONDITIONS CONTRIBUTION FOR 21b. TIME OF INJURY	NG TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES (GS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTION FOR 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES TO RY IN ITEM 18, PART I C	RE FINDING CAUSES (GS USED OF DEATH?
/	Cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CURETURE NOT WHILE AL WORK 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 22a. I certify that (1) (this has saw the deceased live or charmed the contract of the contra	T CONDITIONS CONTRIBUTION FOR 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY	WHICH OPERATIO ITH DAY YEAR 19 OFFICE, FARM, ETC.) In the second of	21c HOW INJURY OCCURI 21f LOCATION STREET BER 28 19 86 and that in (my) (aur) apinian	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WE IN CERTIFYING YES TO THE WIND THE MIRE PART I COMMENT OF THE WIND TH	RE FINDING CAUSES (DR PART 2) OUNTY 86 , tl	GS USED OF DEATH? NO STATE hat (I) (we) auses stated
/	Cause (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ILLIEUTER NOTIFY MEDICAL EXAMINATION OF CAUSE OF ILLIEUTER NOTIFY MEDICAL EXAMINATION OF CAUSE OF ILLIEUTER NOTIFY MEDICAL EXAMINATION OF CAUSE OF ILLIEUTER NOTIFY MEDICAL EXAMINATION OF CAUSE OF	T CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR 19b. CONDITION FOR 19b. CONDITION FOR 19b. CONDITION FOR 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21c PLACE OF INJURY (AT HOME STREET, FACTORY 19tical) attended the deceased DECEMBER 6	WHICH OPERATIO ITH DAY YEAR 19 OFFICE, FARM, ETC.) In the second of	21t LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21g ADDRESS NAVAI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WE IN CERTIFYING YES TO SET IN THE MEDIT OF	RE FINDING CAUSES (DR PART 2)	GS USED OF DEATH? NO STATE hat (I) (we) auses stated



n and campletely filled in by the funeral director, page 3 Pages 1 and 2 shootd be filed within 72 hours ofter death executed within 24 hours after death. Page 4 may be of the notified of one DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attimishould be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation. requires that the de-TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND

3599

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27	774	DEG	SATERS REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	>197
poge 3	ŧ //		CEASED NAME FIRST OR PRINT! A VYE!	BARR	illators	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5186
род		3. SE		4 RACE	5. DATE OF BIRTH		IF UNDER I YEAR IF UNDER JAHRS
e 4	s of	Fo	male	Caucasian	September 10, 1930	56 YRS	MONTHS DAYS HOURS MIN.
Pog dire	المراق المودد		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
eoth.	100	Wa	shington. D.C.	USA	MARRIED NEVER MARRIED WIDOWED NORCED	Montgomery	MD.
her d	1		TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT	126, KIND OF BUSINESS OR
rs of	De les		koma Park	Washington Adver	rtist Hospital	Adm. Assistant	NASA
s hou	ald be	USU.	AL RESIDENCE (1F NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZIP CODE	
in 24				omery Silvers	Spring YES NO NO	9321 Sudbury Ro	ad 20901
	9	14. 57	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
uted	D X	160)	James k VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	St. Eleanor	G. ADDRESS	Shearer
exec	Poges	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			0 10
e Pe	a de	No		579 - 44 - (rflitt Mother	Same as 13 APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
The state of	ent,		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		MINE NOWANIA	1110	SOALS
1	fic e		IMMEDIA	E CAUSE (o)		/	175
	ion.		Conditions, if ony, which	DUE TO, OR AS	phopoliterala	Le SUNDROW	B 2,5Urs.
the o	leose remover were iol, cremotian, of ar other troumatic		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	INCE DE	7	
thot by	ol, cr		underlying couse lost.	(c)			
quires	hen ple to burid ijury, a	N N	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
w re	ony ii	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED
an. has	è e b	TIF				YES NOW YES	YING CAUSES OF DEATH? NO
N. T nysici	Hyg sh	ä	21g. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)
SICIA 19 pl	rial.t	CAL	OR CONTRIBUTING CAUSE OF DEA	un .	19		
PHY endir	d of	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ING Taffer	as that Ithau orke		WHILE NOT WHILE	10	1550N 06	1 17 Do	9 0
ol o	Heo Heo		27s I certify that (I) (this hospi		Eb and that (my) apinion	death occurred on the date and hous	19 (1) (ve) last
ATT ospit	of fo		The first of the	the ody after death.	DEGREE	death occurred on the date and hous	171. DATE AGNED
AL OR the h	detache rate Dep		Vine 11	Mensinge	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/12/86
HOSPIT, ined by FUNER	007	-	MA PHYSICIAN'S NAME TIME O	7	22e. ADDRESS	A> 0	
taine O FU	should be det with the State IMPORTANT:		Homas H.E	BNSINGEN HU	2525 (SUCON)	UNG UR Dr. COR	aboli MD
T e	5 3 ≥/		URIAL, CREMATION, REMOVAL	236. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY 7.09.70
BP			remation	Dec. 13, 1986 Mes	tropolitan Cremator	y Alexandria	Virginia
	60M 7/84	24. FI	INERAL DIRECTOR Franci	s J. Collinsopres J.	250. DAI	ERECIDING TO BE AR AL PEGIST	Paralle Marie
(VRA	15, 4)	50	O University RE	ud W Silver	Spring Md		

Lyaph, palitical Sypplements of Middle Jakard REGIONS P. BEKING LA ME IS LE CONSUMEN CONTROLLED SON THE during a stage

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Upper Seneca Ceme.

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial

FOR

24 FUNERAL DIRECTOR Olin L. Molesworth, P.A., Damascus, Md.

12/06/86

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 8 Julia Devidson Pan

Germantown, Md.

DAY

20874

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

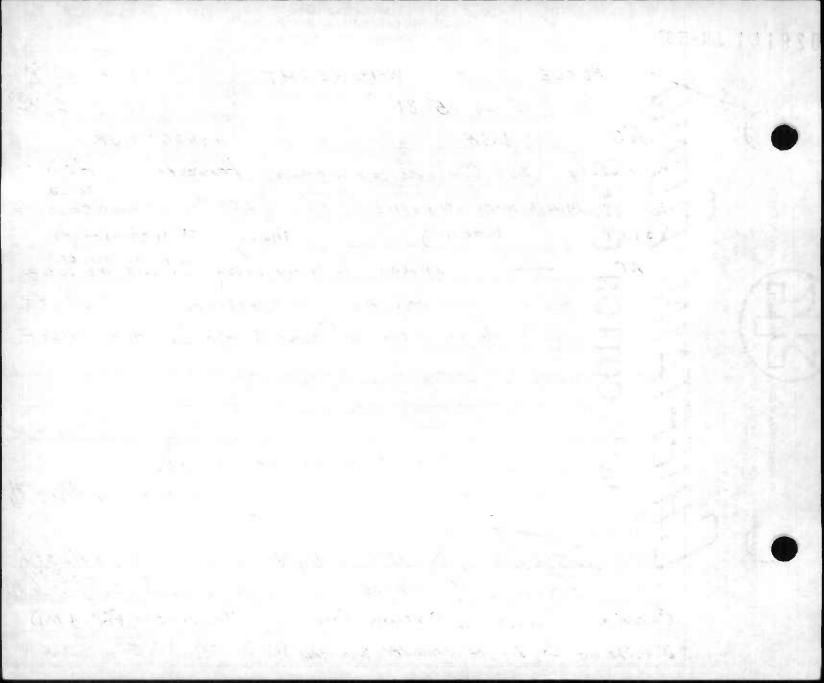
STATE

COUNTY

22c. DATE SIGNED

Upper senera vene. Germantovn, Md.

(VR A15 ME (5))



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

is ofter death

signed by the ottending physicion

ne prior to buriol, cremotion, or removal. injury, or other troumotic

morked or Item 18 sho

MPORTANT: If hem 21 is

STATE OF MARYLAND

	2 8 STATE EGISTRAR	DEFARI		ICATE OF DEATH	REG. NO.	
-	1 DECEASED NAME FIRST	MIDDLE	WE.	INER	26. DATE OF DEATH MONTH	7 86 0 5 A M
4	3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS
	Female	White	Janu		86 YRS	MONTHS DATS MODES MIN.
g	To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	New York	United States	WIDOWE		MONTGOM	ERY MD.
ŋ	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
/	Rockville	Hebrew Home of		er Washington	(TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	Own home
1	75UAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		LA CYPETT ADDRESS / TIP CODE	
ś	100 000	gomery Rockvil		YES X NO	13e.STREET ADDRESS / ZIP CODE 6121 Montrose R	
7	14. FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	7
Λ	Jacob	MIDDLE LAST WOLF		Ernestine	MIDDLE	idwinsky
1	168. WAS DECEASED EVER IN U.S. A	11027	URITY NO.	17 INFORMANT	ADDRESS	
ľ	(YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES) 075-16-	7015	Bernice Bucho	49 Knolls D	
1				Bernice Buche	olz, Stoney Broo	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUS	only one couse per line for 101 (b), o SED BY: ATE CAUSE (o)	RA	ATION PN	EYMONIA	2 DAYS
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	JENCE OF	DEMEN	TIA	· ·
	couse (o), stating the underlying couse lost	due to, or as a consequ	JENCE OF	EWN CA	USE	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1/0
	A 19s DATE OF OPERATION	The contract of the contract o			Las auxonous las research	WERE EN IN IN INC.
1	4 198 DATE OF OPERATION	19b. CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF YES	, WERE FINDINGS USED

CERTIFICA

MEDICAL

19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

238. BURIAL, CREMATION, REMOVAL

Burial

22h. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

sow the deceased alive on

220 I certify that (1) (this hospital) attended the deceased from

obove, (1) (we) (did not view the body ofter death.

(IF EITHER NOTIFY MEDICAL EXAMINER

216. TIME OF INJURY HOUR A.M.

(AT HOME STREET, FACTORY OFFICE, FARM ETC.)

P.M 21e PLACE OF INJURY

MONTH DAY YEAR

211 LOCATION

that in (my) (our) opinion

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES |

INCERTIFYING CAUSES OF DEATH?

COUNTY STATE

ne date and hour and from the causes stated

ATTENDING PHYSICIAN ADDRESS

DEGREE

MEDICAL PHYSICIAN

STATE

23c. NAME OF CEMETERY OR CREMATORY

Beth Moses Cemetery

23d LOCATION

NOT

CITY OF TOWN

STAFF

New York

24 FUNERAL DIRECTOR I. J. Morris, Inc ADDRESS Farmingdale, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

East Deer Park, Dix Hills, NY 11746

23b. DATE

12-9-86

BP.

TO FUNERAL DIRECTOR, After this certificate has been should be detoched for use os the buriol-tronsit permit, with the State Dept. of Health and Mental Hygiene prior

offending physicio

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 7g. DATE OF DEATH MONTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

. DECEASED NAME MIDDLE (TYPE OR PRINT) Cecilia 4. RACE 3. SEX DATE OF BIRTH MONTH YEAR

Caucasian 7a. BIRTHPLACE

7b. CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN WASH D.C.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE GITY LIMITS?

Hasa

SUPERVISOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

9. BALTIMORE CITY OR COUNTY OF DEATH

12h. KIND OF BUSINESS OR Wash. Gas

2b. HOUR

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE REPORTED BEFORE ADMISSION TO STATE 4 FATHER'S NAME

Andrew

Silver Spring

- STATE

REGISTRAR

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

HE YES GIVE WAR OR DATEST

18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

Gleeson 6h SOCIAL SECURITY NO

Bezhesda

Annie. 17 INFORMANDISTUR Helen Green

NO \square

15. MOTHER'S MAIDEN NAME

Coschove 2228 Beechwood Rd. W. Hyattsville. Md.

9505 Lindale Drive

Canditians, if any, which gave rise to immediate couse (o), stating the

throug brain syndrome-Come

19n DATE OF OPERATION

NO

HOUR A.M. MONTH DAY

AT HOME STREET, FACTORY OFFICE, FARM ETC)

CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? NO IN CERTIFYING CAUSES OF DEATH?

71n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21e PLACE OF INJURY

211 LOCATION

71d INJURY OCCURRED WHILE NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased fram_____

saw the decased alive an

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

CITY OF TOWN

77e ADDRESS

ATTENDING

STAFF PHYSICIAN DIRECTOR PHYSICIAN

23g. BURIAL CREMATION REMOVAL (SPECIFY)

Dec.6, 86

Mt. Olivet Cemetery

DEGREE

"Washington, D.C.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

Butial DIRECTOR Francis J. Collins, Jr.

500 University Blud. West, Silver Spring, Md.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

02710 03715

the state of the same of the same in the same state of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH 2b HOUR 30-86 IF UNDER 1 YEAR IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) hite 91 1895 9 BALTIMORE CITY OR COUNTY OF DEATH

temale

To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

Montgomer

MIDDLE

ESSIE

FOR

STATE

REGISTRAR

Hebrew Home

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED DIVORCED

13d. INSIDE CITY LIMITS?

NO [

15. MOTHER'S MAIDEN NAME

[TYPE OF WORK FOR MOST OF WORKING LIFE Writer

MIDDLE

INDUSTRY Self-employe

13e.STREET ADDRESS / ZIP CODE 6121 Montrose Road

FIRST. Felspiner Charles Felspiner Fanny 19 PREZaccheus Mead 166 SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Freiberg Margaret UNKNOWN Greenwich.Conn.06831 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY

YES X

IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

Rockville

LAST

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

71h TIME OF INJURY

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

71n ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH DAY YEAR PM 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

COUNTY CITY OF TOWN

STATE

NOT WHILE saw the deceased alive on abave, (I) (we) (did) (did not) view the bady after death.

230. BURIAL CREMATION, REMOVAL

22a. I certify that (1) (this haspital) ottended the deceased from

and that in (my) our) obinian death accurred on the date and haur and from the causes stated

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 12-30-80

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

MONTRUSE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Geo Wash Med School 12-30-86 24 FUNERAL DIRECTOR COlumbia Mortuary Services Ave. NW Washington, DC 20011

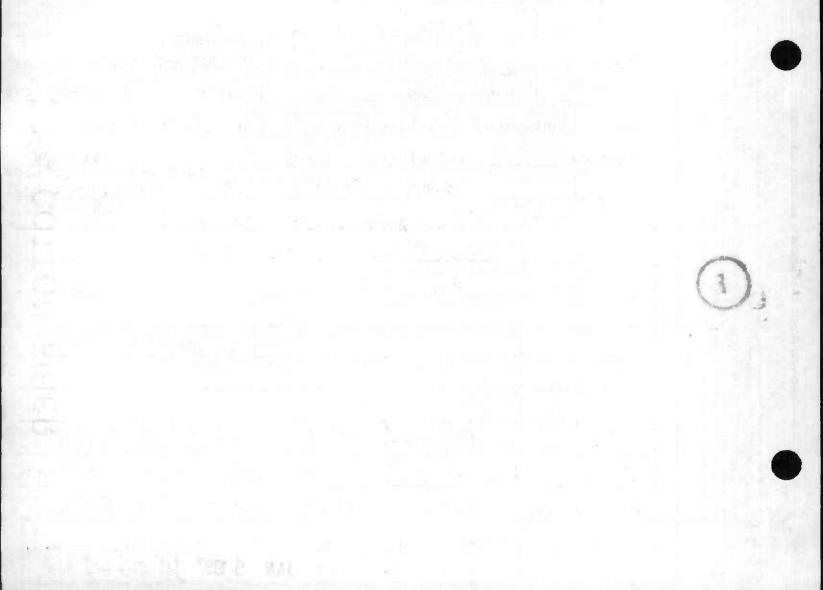
23d. LOCATION

CITY OR TOWN

Washington

STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



2 o tro covilo 14 minumo) and . dives III .b. o. i.e. .b. ni r co Carting Manager Control of the Carting John J. Horeen, M.D. 1815 arin my his, pilver print, No. The same of the sa

ng physicion and completely filled in by the funeral directar, page 3 banpapers. Pages, I and 2 shauld be fuled within 72 hours after death

bonpopers. Poges r removol.

)	2	7	3	5	1	DE	FOR 11-7 STATE REGISTRAR
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STATE OF MARYLAND DE

PARTMENT OF HEALTH AND MENTAL HYGIENE	40	
CERTIFICATE OF DEATH		

REGISTRAR			CERTII	FICATE OF DEATH	REC	. NO.			
1. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEAT		AY YEAR	26 HOUR	
ABRAM	T.	ADUE	WHIE	PTF	DECEMBER	12.1986		5:45 P	
3. SEX MALE	4 RACE CAUCAS		S. DATE		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	1	
NEW JERSEY	UNITED	STATES	MARRIE		MONTG	OMEDV		MD.	
M CITY OR TOWN OF DEATH BETHESDA	11. NAME OF		G HOME	OR OTHER INSTITUTION	120 USUAL OCCUI	PATION		E BLISINESS OR	
USUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO [130 STREET ADDRE 210 E. F.	SS / ZIP CODE AIRFAX S	ST.#221	19999	
ABRAM LA	DUE	WHIPPLE		IS MOTHER'S MAIDEN NAME OF THE STREET MIMI	ME SUSA		LAEUF		
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS 21	0 E. F	AIRFAX S	
(YES NOOR UNKNOWN) (IF YES, GI	TE TIME ON DITTE ST	081-32-3	775	ELIZABETH	EVELYN W	HIPPLE F			
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, C	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIVE	N IN PART 110	0	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. COND	PITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES		
TIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINE AT WORK AT WORK	ATH HOUR A R) P		YEAR 19	21c HOW INJURY OCCURE 211 LOCATION STREET		INJURY IN ITEM 18 PA	COUNTY	STATE	
220.1 certify tho KK (this hosp sow the deceosed alive or above, (1) (we) (did) (did no	220.1 certify this hospital) attended the deceased from DECEMBER 2 19.86 to DECEMBER 12 19.86 sow the deceased alive of DECEMBER 12 19.86 on that in (my) (our) opinion death occurred on the date and hour and from the obove, (I) (we) (did) (did not) view the body after death.								
276. SIGNATURE G dward	P. 7	Fox			DIRECTOR PH		22c. DATE	SIGNED Lec. 86	
E.P. FOX LT,		Salini.			L HOSPITAI		11		
230. BURIAL, CREMATION, REMOVAL CREMATION				EMETERY OR CREMATORY OLITAN CREMATO	23d. LOCATION CITY OF TOW ALEX	ANDRIA,	VIRGIN	JIA STATE	

DHMH - 16 60M 7/B4

(VRA 15, 4)

10 PENERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then plant in a liste Dept. of Health and Mental Hygiene prior to buri MPOFTANT: If Hem 21 is morked or Hem 18 shows ony

retained by the hospital or attending physician

24 FUNERAL DIRECTOR TVES-PEARSON FUNERATE HOMES FALLS CHURCH, VA. 22046

DEC 1 6 1986 BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Dividson P.

STATE OF MARYLAND

1	FOR STATE REGISTRAR			DE		ICATE OF DEAT		IENE	REG. NO					
	EASED NAME	FIRST		MIDDLE	ı	AST		20 DATE O		MONTH	DAY	YEAR	26 HOUR	
(TABE	GEO:	rgia	Ε.		Whi	te			Dec	c.	08,1	986	10:	04am
3 SE		<u> </u>	4. RACE		S. DATE C	OF BIRTH		6. AGE (IN	YEARS LAST BIRTH		IF UND	ERIYEAR	IF UNDER 2	4 HRS
	Female		Wh	ite	1.1	/15/04	EAR		82	YRS	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN O	WHAT COU	NTRY? 8	D NEVER MARR	r		ORE CITY OR			ATH		150
	Virginia		US	A	WIDOWE	_			Мо	ntac	omerv	7		MD.
10. CI	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, N		OR OTHER INSTITUT	ION		OCCUPATIO	N	126	KINDO	BUSINES	
	Olnev					l Hospi	tal		Homema			own h	ome	
USU,	AL RESIDENCE (IF NURS	136 COU	R OTHER INSTITUTIO		E BEFORE ADMISSION	1 13d. INSIDE CITY LI		4	ADDRESS /			7	(1)	7
	ryland		gomery		r Spring	YES X NO		14501		18	110	40		
14 F A	THER'S NAME			LA		15 MOTHER'S MAI	DEN NA						•	
	Josep	h	MIDDLE	_	ven	FIRST	ace		WIDDLE		Marmaduke			
	AS DECEASED EVER			16b SOCIA	L SECURITY NO.	17 INFORMANT			ADDRES	55 509			wn La	ane
. (N/A	(IF VES, GI	VE WAR OR DATES)	579-0	9-9723	Dorothy I	Ellic	ott-da						
	Conditions, if any, gave rise to immade (a), stating underlying cause	which mediate ag the lost.	(b) DUE TO, (c)	OR AS A CON	SEOUENCE OF	Shick ondial	HE TERM		F.3~	O NOITIG	GIVEN IN	PART 1rd	,,	
NO	MYZI	rten:	12 XE	ZIVE										
CERTIFICATION	19a DATE OF OPERA	TION	196. CON	DITION FOR V	WHICH OPERATIO	N WAS PERFORMED)	20a AUT	OPSY?				GS USED OF DEATH	
CAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI-	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONT P.M.	H DAY YEAR	21c HOW INJURY	OCCUR	RED (ENTERN	ATURE OF INJURY	Y IN ITEM I	B PART I OF	R PART 2)		
MEDICAL	214 INJURY OCCURI			E OF INJURY STREET, FACTORY,	OFFICE, FARM, ETC.)	2 If LOCATION STREET			CITY OR TOW	VN	cc	YIMUC	STA	ATE
	220 I certify that (a) saw the decease above, it we to				_19_8601	nd that in (my) (our)	opinion	, to death accurr	ed on the dot		our and f	from the		
	226 SIGNATURE	1/2	tztu			DEGREE ATTEN PHYS	IDING ICIAN [PHYSICI	IAN 🗌		/	8/86	
	22d. PHYSICIAN'S NA	ME (TYPE	27A7	N		S. S. L.	370	1 Ro	sem!	20		10 L		

BP.

TO FUNERAL DIRECTOR: After

IMPORTANT: If Item 21 is should be detached with the State Dept

DHMH - 16 60M 7/84 (VRA 15, 4)

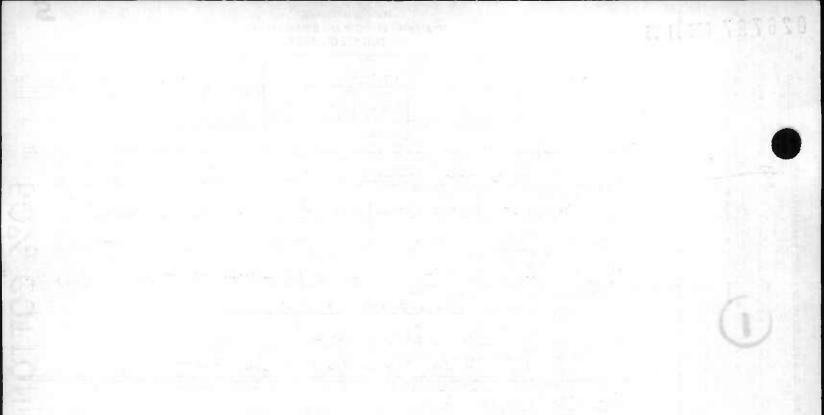
230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 12-11-1986 236 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery Suitland Prince Georges Md.

ON H. Ave. 1250 DATE REC'D. BY REGISTRAR' 250 REGISTRAR'S SIGNATURE

23d LOCATION

24 FUNERAL DIRECTOR 11800 N.H. Ave., Hines/Rinaldi Funeral Home Silver Spring,

9



027354

ad in by the functial director, page 3 id be that within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEPTIEIC ATE OF DEATH

REGISTR	AR			CERTIFI	CAILOID	EMIII		REG. NO.			
I. DECEASED N		ø MID	DLE	LA	ST ,		20. DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR	
(TYPE OR PRINT)	BEI	RNICE		WH	ITLE	EY	De	cember	- 6,1981	0/2:30A	
. SEX		4 RACE		5. DATE O	BIRTH		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEA		
Fem	ale	White	2	Octob	er 26,	1901	85	YR	MONTHS DAYS	HOURS MIN	
	(STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY?	8	□ NEVER A	ADDIED []	9. BALTIMORE		NTY OF DEATH		
Virgin	in	U.S.A.		WIDOWE		ORCED	Montgo	mo wii		N	
10. CITY OR TO		11. NAME OF HO		G HOME O		the state of the s	120. USUAL OC	CUPATION		OF BUSINESS O	
D . 1			ACILITY, GIVE STREET A	_				R MOST OF WORKIN			
Bethes	DA VCE (IF NURSING HOME OF		HOSDITA				Cashie	r ·	Dept.	Store	
130. STATE	13b COU		E. CITY OR TOWN	N	13d. INSIDE C	ITY LIMITS?	13e STREET ADI			1702	
Maryla		tgomery	Silver S	Sprin		NO []	2111 H	ilderos	e Drive	#104	
14. FATHER'S N		MIDDLE	LAST			MAIDEN NA		NIDDLE		AST	
Nathan	Monroe Go	dsev			Sallie	Betty	Garthri	ght			
	ASED EVER IN U.S. AF		SOCIAL SECUR	RITY NO.	17. INFORMA			ADDRESS			
NO NO OR U	NKNOWN) (IE YES, GI	VE WAR OR DATES)	577-50-4	1638	MR E	arl Wh	itlev. B	ox 185.	Annapol	lis. Md.	
	E OF DEATH (Enter or	du ano sauce and la			1	all WIL	ILIEV. I	02 107		XIMATE INTERVAL NONSET AND DEALE	
	I. DEATH WAS CAUSE		M		dial	7	o farci	1,010	BETWEE	week	
	IMMEDIATE CAUSE (0) / 140 Card (a) In Tarciton									wach	
		DUE TO, OR	AS A CONSEQUE							1 week	
	ins, if ony, which	(b)	Cor	onary Mon posis						, ,,,,	
couse	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
underlying couse lost Disease Arierio Sclerotic Heart Disease								6	ou gear		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita										
O											
CERTIFICATION 210. VCCE	OF OPERATION	ON FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPS			RE FINDINGS USED		
)FF							YES ON	OU LINCE	RTIFYING CAUSE YES	NO	
210. ACCI	DENT WAS UNDERLYING	21b. TIME OF	NJURY		21c HOW IN	JURY OCCUR	RED (ENTER NATUR				
OR CONT	IBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DA	Y YEAR							
(IF EITHE	NOTIFY MEDICAL EXAMINE			19	211 100 4710	N.I.					
<u> </u>	RY OCCURRED	(AT HOME STREE	TINJUKY I, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATIO STREET	714	C	ITY OR TOWN	COUNTY	STATE	
AT WORK	AT WORK					6-1		2	- FW		
	220.1 certify that (1) (this hospital) attended the deceased from Narch 19 06, to 6 December 19 06, that the (we) Jost										
sow	saw the deceased alive an Co Deccuber 19 86, and that in (my) (our) apinion death occurred on the date and haur and Iram the causes stated above, th (were did) (and not) view the body after death.										
	226. DATE SIGNED										
	Tohn F - Sun afron M.D ATTENDING MEDICAL STAFF 12-6-80										
22d PHVS	ICIAN'S NAME CORE	OR PRINTI					DIRECTOR	PHYSICIAN	1	a1	
	122d Flysking Sname (179E ORPSINI) Gustafson, Mi) 220. ADDRESS 480 Wisconsin Ave Cheryni										
									201181		
	REMATION, REMOVAL	23b DATE	23c. N	AME OF C	METERY OR C	REMATORY	23d. LOCATH				
(SPECIFY)	REMATION, REMOVAI						CITY OR	IOWN	COUNTY	STATE	
Burial		12/09/	86 F1i	int Hi	11 Cem	etery	Oakt	on. Vir	county		
Burial 24 FUNERAL D NAME	RECTRONEY &	12/09/' KING VIE	86 Fli	int Hi ERAL H	11 Cem	etery	Oakt	on. Vir	COUNTY	ATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

171 W. Maple Ave. Vienna, VA 22180

TO FUNERAL DIRECTOR: After this certificate has been signed by the shauld be detached for use as the burial-transit permit. Then please many with the State Dept. of Health and Mental Hygiene prior to burial, cremmand the State Dept. of Health and Mental Hygiene prior to burial, cremmand.

retained by the haspital or attending physician.

BP.

(VRA 15, 4)

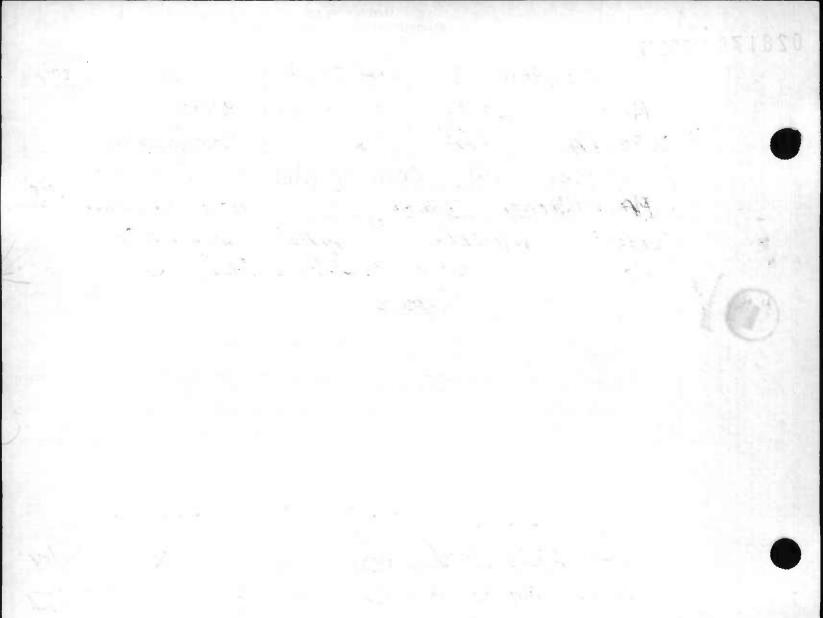
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STATE OF MARYLAND

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8178 DEC	20	FOR STATE REGISTRAR	DEPA		LTH AND MENTAL HYG ATE OF DEATH	IENE REG. N	0	
110000	I DE	CEASED NAME FIRST	MIDDLE	LAST		2a DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
oy be	(TYPE	E DWA			ITELY	AL DAIL OF BLAIN	12 18 8	6 740 pm
tor, pa	3. SE.	4	RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR		
oge urs	g	MALE	WHITE	MONTH	30 93	93 yr	YRS.	
sth. Po	7a. Bi	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEAT	Н
6 6 6	0	140. PA	VYA	WIDOWED	DIVORCED [Monta	OMERN	MD.
the fundamental	10 C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST 		OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KIN F WORKING (1861) IMDUS	ID OF BUSINESS OR
by t filled	5	IVEY SPYING	HOLU	Cross	HOSPITAL	Salesman r	retired Cam	pbell Soup
24 hou	130. 5	AL RESIDENCE (IF VURSING HOMEORO TAGE VIAND MONTG	THER INSTITUTION, GIVE RISIDENCE BE VIOLETY GAITHE		A INSIDE CITY LIMITSY	13e STREET ADDRESS	GERARD S	7.60 202
pletely and 2 sh	14. F/	THER'S NAME	DDLE / / / / / / / / / / / / / / / / / / /	O II	MOTHER'S MAIDEN NAM	ME 2 MIDDLE	3-1-220	LAST
comp comp	16a V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 1166 SOCIALS	ECURITY NO. 1	INFORMANI	ADDRI	WINI	*
be exec			AVAR OR DATES	05 9581	Cons	helely	An s	ame as 13E
lovati Town		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line to	and lest		V	AP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
e u		IMMEDIATE	- 1/	P515				
E 0			DUE TO, OR AS A CONSE	OUENCE OF				
d d line		Conditions, if any, which gove rise to immediate	(b)					
by the ase rer II, crem other		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	OUENCE OF				
signed sen ple burio ury, or	z	PART 2. OTHER SIGNIFICANT CO		TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	Tho
v requirement	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIL	VDINGS LISED
n. nos E perm ne p	IFIC					YES IN NOXI	IN CERTIFYING CAL	
N. Th. ysicia ysicia cate front Hygie	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	12	Ic. HOW INJURY OCCURR			
phy phy phy rtific sol-tro ftal F		OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR				
ding ding ding ss ce buris Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	II LOCATION			
arten arter th s the s the rked rked	ME	WHILE NOT WHILE T	(AT HOME STREET FACTORY OFF	CE FARM ETC)	STREET	CITY OR TO	OWN (OUNI	Y STATE
A Africano Series		22a I certify that (I) (this hospite	1) attended the deceased fro	Nov.	13, 19 86	. to Dec.	19 86	, that (1) (we) lost
Spital Spital CTOF For of H		sow the decoased olive on above, (I) we) did) (did not	view the body after death.	00 , and	that in (my) (our) opinion o	death occurred on the d	ate and hour and from	the couses stated
OR A he has DIREC ached Dept If Item		226 SIGNATURE	1 4011	DE	GREE ATTENDING _	MEDICAL STA	. /	ATE SIGNED
		278 PHYSICIAN'S NAME (TYPE OR	y Dour	7/2	PHYSICIAN [DIRECTOR PHYSIC		2/19/84
etained by 170 FUNERAL Should be de with the State		SLALL / A	26.	in mo	IIA 6	San	C+ S.I	Iver Son
Sho Sho	73g F	URIAL, CREMATION, REMOVAL	134 - 50TI HE	30 NAME OF CEN	ETERY OR CREMATORY	123d OCATION	7 711	not:
BP		Burial/	12/22/86	Wyoming	Cemeterv	Wyoming	Penn.	Luzerne
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI H i	nesyRinaldi 1	1800 New Har	np.Ave.	s.s.Md DEC	23 1986	256 REGISTRAR'S SIG	



4739 Baltimore Ave., Hyattsville, Maryland

[VRA 15, 4]

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(VRA 15, 4)

STATE OF MARYLAND

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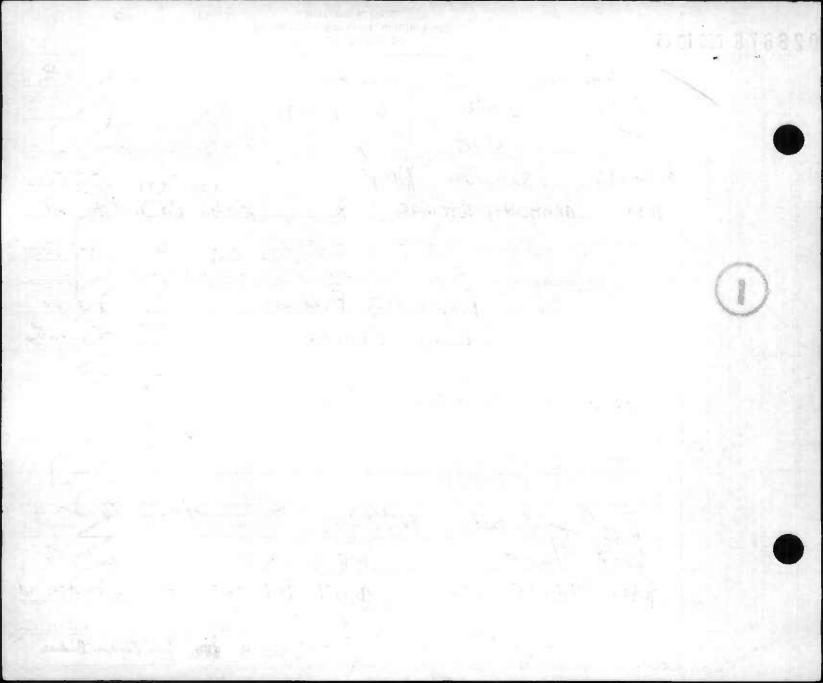
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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JINIE OF MARIEMED											
DEPARTMENT	OF HE	ALTH AN	MENTAL	HYGIENE							
CE	RTIFIC	CATE OF	DEATH								

CIO	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AN CERTIFICATE O		REG. NO.		
12	1. DECEASED NAME FIRST			ms /	DATE OF DEATH MONT	,4,86	9 39 M
0	3 SEX Male	white	5. DATE OF BIRTH	1898	GE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
7	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK 10 CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUN USA 11. NAME OF HOSPITAL, NU	MARRIED ☐ NEV	DIVORCED M	ALTIMORE CITY OR CO 10N 490 Men USUAL ORCUPATION	ey Coun	of BUSINESS OR
70	Bethesda USUAL RESIDENCE (IF NURSING HOA	Su hurban	STREET ADDIESS)		e of work for most of wor ound Engineer	RKING LIFE) INDUSTRY	Motion ure Co.
3		DUNTY 130 CITY OR	mac 13d INSID	PE CITY LIMITS? 136.5 NO 1	on 42 Ca	code to	Dr.
50	Emmanuel			ddalina	MIDDLE		arber
medico		COVE WAR OR DATES	SECURITY NO. 17 INFOR	mani (Daugh n W. Spai		, MD 20	
event, the	PART I. DEATH WAS CA	or only one couse per line for (o), (b) USED BY: DIATE CAUSE (o)	Latory F	ailure		APPRO BETWEEN	20-ya-
other troumatic	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	ng (and	er		5	months
ws ony intury, o	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		TO DEATH BUT NOT RELA HICH OPERATION WAS PE	Failure RFORMED 20	Da AUTOPSY? 20b	DN GIVEN IN PART I	INGS USED
or Item 8 su	OR CONTRIBUTING CAUSE OF CHIEF INJURY OCCURRED	FDEATH HOUR A.M. MONTH	19 21f LOC	V INJURY OCCURRED (ENTER NATURE OF IN IURY IN I	TEM 18 PART OR PART 2)	STATE
21 is morked	220.1 certify that (1) (this h	ospital) attended the deceased for	rom 12/3	my (our) opinion death	to 12/4		. tho (we) lost e couses stated
ANT: #	THE MONATURE 5	terer	DEGREE MV 22e ADD	PHYSICIAN DIR	EDICAL STAFF RECTOR PHYSICIAN	- 127	E SIGNED
MPORTANT	230. BURIAL, CREMATION, REMO	over mo	194	7 Ferr	ara &	. Who	eaton md
-	(SPECIFY) Crematio	on 5, 1986	Metropolit	an A	Alexandria		Virginia
7/84	P.A. 300 W. I	ontgomery Ave			B 1986 8	la Dender	Randall



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

):	86	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL H	YGIENE REG. N	0.	1
4		CEASED NAME FIRST	WIDDLE	ì	AST	20 DATE OF DEATH		AR 25 HOUR
1	(TYPE	DR PRINT) MAR	Y Alice	14	114 IAMS	/	1-29-8	36 9 AM
	3. SE>	× = /	1. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		
1		temale.	W	MONTH	DAY YEAR	7 99	YRS.	DAYS HOURS MIN.
3			LOUN OF WHAT COUN	TRY? 8	4	9. BALTIMORE CITY		ТН
4	C	COUNTRY) NJ	USA	MARRIEI		Honton	mery	County us
1	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	JRSING HOME C		120. USUAL OCCUPAT		ND OF BUSINESS OR
4	S	Iver Spring	(IF NOT IN SUCH FACILITY, GIVE	/	4CH	HOME MA	A.E.R INDUS	
-	13a. S	AL RESIDENCE OF NURSING FOME OR COTATE	TY 13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	Md. 20901
)			gomery Silver	Spang.	YES NO	10005 Kg	gart NO,	Silver Spring
à	14. FA		AIDDLE LAS	, / /	15. MOTHER'S MAIDEN I	MIDDLE	/	LAST
4		Frederick	Kayha		Elizabe	eth		littu
1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (1F YES, GIVE	WAR OR DATES!	SECURITY NO.	17 INFORMANT	ADDRI	ESS312 Timbe	rwood Ave.
M	No	0	210-	16-2095	Kenneth J.	Williams So	n Silver S	Spring Md
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line for (a), (l		· ha	y Lak		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
			CAUSE (a)	2 m	4.00	0 000	The co	120/2
			DUE TO, OR IS A COME	EQUÉNCE OF	h Am h	a 2 d.	2'5	6000
		Canditions, if ony, which	(b)	11020	0-10116	and and	2026	17005
-		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF				
		underlying cause lost.	10)					
	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	IDITION GIVEN IN PA	RT Ira
N	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
	IFIC					YES NO	IN CERTIFYING CA	USES OF DEATH?
	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU		- Inner
	AL C	OR CONTRIBUTING CAUSE OF DEAT	III	DAY YEAR				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
	ME	WHILE NOT WHILE	JAT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)	STREET	CITY OR TO	OUN COUN	TY STATE
		220.1 certify that (1) this hospite	ol) ottended the decessed f	om 11/1	5/86 10 0	11/2	3	that (1) we) last
		saw the deceased olive as above (1) we) (did (did nat		1. 7	nd that in (my) (aur) apini	on death occurred an the d	ate and hour ond from	
		22b. SIGNATURE	view the body after deoth.		DEGREE		720	DATE SIGNED /
	-	30	50012 D	le le	ATTENDING		FF _ /	179/20
1	-	22d. PNYSICIAN'S NAME LTYPE OR)	22e ADDRESS	DIRECTOR PHYSIC	CIAN/	(-1100
		VAMUEL	Itoros	3/3		in Augus C	: Proper Cont.	
-	73n D	BURIAL, CREMATION, REMOVAL	23b DATE	73, NAME OF C	10313 Georg	ia Avenue S.	acver Spri	ng. Md.
		SPECIFY)				CITY OF TOWN	COUNTY	STATE
	24 FL	Burial JNERAL DIRECTOR THOMAS	Dec. 1, 1986	Cedar H	ill Cemetery			Maryland
		NAME I MUNICI	s J. Collins,		1	DEC 4 1986	Julia Davida	
	500	University Blv	a.w. Silve	Spring	. Md.	DE 0 4 1300	/ /	

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10715 Georgia Accesses Silver Studies, 161

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STATE OF MARYLAND

JINIE OI MARIEMAD	
DEPARTMENT OF HEALTH AND MENTAL H	GIEN
CERTIFICATE OF DEATH	

REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Eugene Willmann, Sr. R. 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR March 11, Male Caucasian 74 70 BIRTHPLACE I STATE OR FOREIGN . 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Tilineis U.S.A. DIVORCED N Montgomery WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF RI WESS OR HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Silver Spring Holy Cross Hospital Shoe Store Manager USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 20781 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 5235 Kenilworth Ave. Maryland Prince Geo. Hyattsville #103 YES K NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDIDI F LAST Reynolds MIDDLE Linda Jacob Willmann 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT 345-03-0049 Linda Cochran, Same as Line #13 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse PART 2: OTHER SIGN FICANT CONDITIONS TO THE TERMINAL DISEASE OR CONDITION OTHER IN PART CERTIFICATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOS 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 220.1 certify that (1) (the hospital) attended the decimal saw the deceased alive an above, (I) (we) (did) (did not) view the ba and that in (my) term opinion death accurred on the date and haur and from the causes stated

should be deta with the State [MPORTANT: 230 BURIAL, CREMATION, REMOVAL

Cremation

23c NAME OF CEMETERY OR CREMATORY Metropolitan Crematory

ATTENDING

PHYSICIAN XXDIRECTOR

Alexandria,

MEDICAL

22c. DATE SIGNED

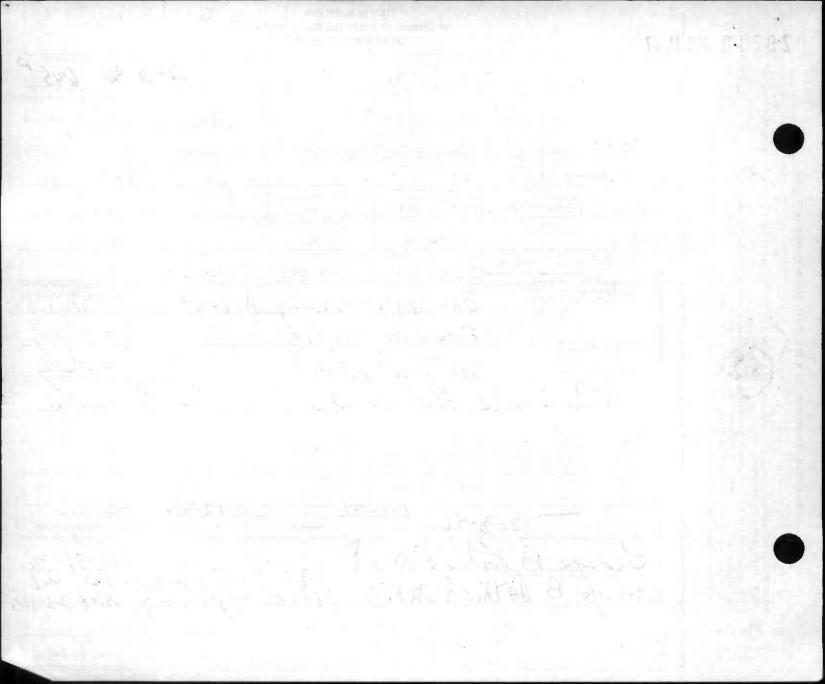
DHMH - 16 60M 7/84 (VRA 15, 4)

1-4-87 24 FRANCES COASCH'S SONS FUNERAL HOME, P.A. 4739 Baltimore Ave., Hyattsville, Maryland

REGISTRAR 256, REGISTRAR'S SIGNATURE

STAFF

PHYSICIAN [



200	000 1111	1	FOR STATE STGISTRAR		STATE DEPARTMENT OF HE DICAL EXAMINE		OFDEATH	3
7.00	A A A A A A A A A A A A A A A A A A A			WEI	MIDDLE	SCERTIFICATE	KEG. IN	
	PLEASE RECTOR. R FILES. HOURS STREET,		CEASED NAME FIRST CA	5. DATE OF BIRTH	arie (IF UNDER 1 YR. IF UND	20 DATE KNOWN OF ESTI- DEATH MATED ER 24 HRS 24. DATE MIN. PRONOUNCED	MONTH DAY YEAR 25 HOUR MANNEY DAY YEAR 26 HOUR
•	NEGSSARY, PLEASE NNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN ZON W RESTON STREET,	FC	Black RTHPLACE (STATE OR REIGN COUNTRY) Shington. D.C.	76. CITIZEN OF WH		MARRIED NEVER MA	RRIED DEAD 9 BALTIMORE CITY C	DR COUNTY OF DEATH
p	N PAGE	10. CI	Tek Perkt	11. NAME OF HOS	PITAL, NURSING HOME, C	ROTHER INSTITUTION	170 USUAL OCCUPATION (TYP FOR MOST OF WORKING LIFE) Administrative	OR INDUSTRY
MD, 21201	S1, 2, AND 3 PM 3. RETAIL VD 2 SHOULD	130. S	THER'S NAME	c Ge-orges	Hyattr vil	12 13d INSIDE CITY LIMITS YES NO 1 15. MOTHER'S MA	DEN NAME	seter Apizis
	M PW PW		mes Henry Harr		LAST	Emily D	ouglas	ŁAST
BALTIMORE	DURS AFTER DEATH. 18. GIVE PAGES 1, 2 WITH FORM PM 3 MIT. PAGES I AND 2 E. DIVISION OF VITA	No.		VE WAR OR DATES)	577-32-976			Weshington, D. C. Jefferson StN.E.
	24 HOURS ITEM 18. G LONG WIT PERMIT. P GIENE, DIV		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDI	SED BY: ATE CAUSE (a)	Carbell	yacard	Isl Diss	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
. PREST	WITHIN S NCIL IN I NNER AL IRANSITI UTAL HYC		Conditions, if any, which	th (b)	AS A CONSEQUENCE OF			
5, 201 W	BE EXECUTED VIDING IN PER INCOL EXAM EDICAL EXAM IS A BURIAL - I ETH AND MEN		couse (a) stating the <u>unde</u> lying couse last.	(c)	AS A CONSEQUENCE OF			
CORD	BE EXE NDING NDING NS A BC RETH AN	NO	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN	PART 1 (a)	
ITAL RE	SHOULD ORD "PE CHIEF A E USED A T OF HE	CERTIFICATION	196. DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERAT	ON WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	CERTIFICATE SITING THE WOOD TO THE CONTROL OF THE C	MEDICAL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.M.	MONTH DAY YEAR	PL S	RED LENTER NATURE OF MUNRY IN ITEM 18	
DIVIS	THIS CER WARDED WARDED PAGE 3 S TATE DEF	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE O STREET, FACTO	PF INJURY (AT HOME, DRY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO PLUERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HÉACH ANDMENTAL HYGIENE, BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		1	turol couses	ribed obove, held on Accident . Suicid	Autopsy , Inspec	Inquiry , on Undetermined monner ,	id in my opinion
	MEDICAL E CUTE THE C SE 4 SHOU FUNERAL ER DEATH, TIMORE, M		E MINER'S NAME JO	hn S. Roge	rs. M.D.	_M.D. Dopp	MEDICAL EXAMINER	DATE SIGNED SIGNED Md
	PAGE PAGE TO PAGE BALTEI	23a.B	JRIAL, CREMATION, REMOVAL		23c NAME OF CEMET		Seminary Rd, Sil	COUNTY STATE
07/84	BP	Cr	emation	12/19/86	J. William	Lee's Sons	Co Washington,	D.C.
25M	DHMH - 17		INERAL DIRECTOR	ADDRESS	Washington,		REC'D. BY REGISTRAR 25) REGI	ISTRAR'S SIGNATURE
	(VR A15 ME (5))	Mo	Guire Funeral	Service,74	00 Georgia A	ve. N.W.	7	

1223 3 3 1 1 1 2 1 2 3 4

- Washington, D.C. United States

dministrative set red. Lovt.

James Harrison

Emily Soucles

.J.J.notonidas

Arjorie L. efferson, 405 Jefferson St. L.

John S. ogens, 1. ..

1919 eminery d. Lilver pring, d.

J. illian Lee's Sons Co Lashington, D.C. 12/19,86 Cremution Washington, O.C.

Course Funeral Service, 7400 Cecrois Ave. N. C.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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FOR 1 - STATE 7 REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL F		
DECEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOLLP
TYPE OR PRINT) a &		4		DAY YEAR 26 HOUR
Willis	D .	WINE	12-31-80	
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
Male	White	Oct. 23 1900	86 YRS	Mile.
BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITDV2 II	B BALTIMORE CITY OR COUNT	
COUNTRY)	IICA	MARRIED NEVER MARRIED		
Virginia D. CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	Montgomer 120 USUAL OCCUPATION	Y MD 126 KIND OF BUSINESS OR
Bethesda	Suburban		NTPRKRetifred	
JSUAL RESIDENCE (IF NURSING HOME 3a. STATE 13b CO			Lin STREET ADDRESS (Zip 60	カカラノカ
Md.		ersburg YES 🕱 NO 🗆	401 Russell	
I. FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN	NAME	LAST
Willy	W. Wi:		A	Richie
WAS DECEASED EVER IN U.S.		SECURITY NO. 17 INFORMANT	ADDRESS	
N/A (IF YES,	give war or dates) 216 4	4 6726 Irene Wi	ne (Wife)Same	
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per line for (a), (b), and (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IATE CAUSE (0) Pre	imonia		1 uneles
	DUE TO, OR AS A CONS			
Conditions, if any, which		muelo blastic	Le in bosonia	1 mo
gove rise to immediate	,0,	1	o concerno	7.4700
couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS		Le a framis	1 year
PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITION C	SIVEN IN PART 110
o anteriosclas	-stic heart d	iseese and beri	wheral Voscula	diagram
190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
			IN CER	TIFYING CAUSES OF DEATH?
O DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	D AN THE OF BUILDING	In How himse		YES NO
OR CONTRIBUTION CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMIN	1	19		
(IF EITHER NOTIFY MEDICAL EXAMINATION OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, C	OFFICE, FARM ETC)		37472
	spital) atjended the deceased t	2/85	12/3/186	10
sow the deceased alive			ion death accurred on the date and h	, 19, that (l) {we) lost
obove, (I) (we) (did) (did	not) view the body ofter death.		on death accorred on the date and h	our and from the causes stated
22b SIGNATURE	0 1	DEGREE		22c. DATE SIGNED
teremy	V. Cooke	MO ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2/30/80
224 PHYSICIAN'S NAME DYP	E OR PRINT)	22e. ADDRESS		11/0/10
101		laison 0	10 · 11 · 16 · 16	- (),,,,
Howe			onn. Aue, Ken	sing ton Md
30. BURIA, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION CITY OF TOWN	COUNTY STATE
Burial	1/2/87	Parklawn Cemete		Mont. Md.
FUNERAL DIRECTOR		250.	DATE REC'D BY REGISTRAR 256 REGI	
Hines/Rinald:	i 11800 New	Mamp.Ave.S.S.Md	AN 5 1987	

contour at nec

L. D. V. proces

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

1.0	ECEACED NAME		MIDDLE	LAST	2g. DATE OF DEATH	MONTH DAY	YEAR	In HOUSE
	PE OR PRINT) ANNE			VTER	20. DATE OF DEATH	/8C	TEAR	26 HOUR
					6 AGE LIN YEARS LAST BIRT	700	10.0501.05.0	11:50pm
3 51		4. RACE	5. DATE (H DAY YEAR	AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
$\overline{}$	Female	Whit	-	-21-10	10	YRS		
7a. E	COUNTRY)	1 1	WHAT COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O			
2	Vew York USA	4.5.	WIDOW	. /	MONTGO	MEKI	1	MD.
	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME (CH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OR
Ş	silver Spring/	TON	1 Cross Hose	oitel	Homemake	r .	Но	me
U5U	JAL RESIDENCE (IF NURSING HOME C STATE 131 COU	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)		13e STREET, ADDRESS	718 CODE	90	16KKS
F	lorida Brow	ward	Deerfield Bea	Ches X NO	2079 Newpor		(33442	177
JA'F	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	AE _	4.	33172	
	Isaac	WIDDLE	Levine	Ida	MIDDLE		Wei	g o 1
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS Tanha	m Md	20706
	IYES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	057-03-4468	Marie Selleh;	Daughtor 8	50/ Nic	thting	ale Driv
_	100			Tratte Setten;	Daugnter; o.	J04 MTE		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause pe ED BY:					BETWEEN	IMATE INTERVAL ONSET AND DEATH
	IMMEDIA	ATE CAUSE (a)	H&D" 4:0	Comm	· · · · · · · · · · · · · · · · · · ·			
	E 180	DUE TO, C	R AS A CONSEQUENCE OF					
	Conditions, if any, which	(IP)_						
	gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUENCE OF					
	underlying cause last	(c)						
	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1	DI .
ATION	1.30							
CAT	196. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206 IF YES, V		NGS USED OF DEATH?
CERTIFIC					YES NO NO	YES [NO [
CER	210, ACCIDENT WAS UNDERLYING	21b. TIME C		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART 2)	
AL	OR CONTRIBUTING CAUSE OF DI	AIN .	M. MONTH DAY YEAR M. 19					
MEDICAL	21d. INJURY OCCURRED		OF INJURY	211. LOCATION				
M	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	CORNIA	STATE
		is 15 or 1 (a)	t transition to	123 10 05	DI.	10	85	
	22a. I certify that (1) (this hosp saw the deceased alive a	171	ie deceased from	nd that in (my) (our) apinion d	leath accurred on the dr	te and hour a		that (1) (we) lost
	abave, (I) (we) (did) Jaid in	on view the bady	after death.			ore one neor o		
	22b. SIGNATURE	2	- mis	DEGREE	MEDICAL STAF	E	22c DATE	185
	2.1	7.5.71	7	PHI3ICIAN L	DIRECTOR PHYSIC		11-12	10 >
	220. PHYSICIAN'S NAME (TYPE		, , , ,	22e ADDRESS		1 10		
	EYUTE	W. LE	/ / / [9101	6 corata 1	+ 00		
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION			
P	(SPECIEY)	12/3/	86 King Da	wid Mem. Garder	Fall's Ch	urch: Fa	rirtax	:Va.STATE

DHMH - 16 60M 7/B4

MPORTANT; If Hem 21 is marked or Hem 18 shows any injury, ar ather, traumatic

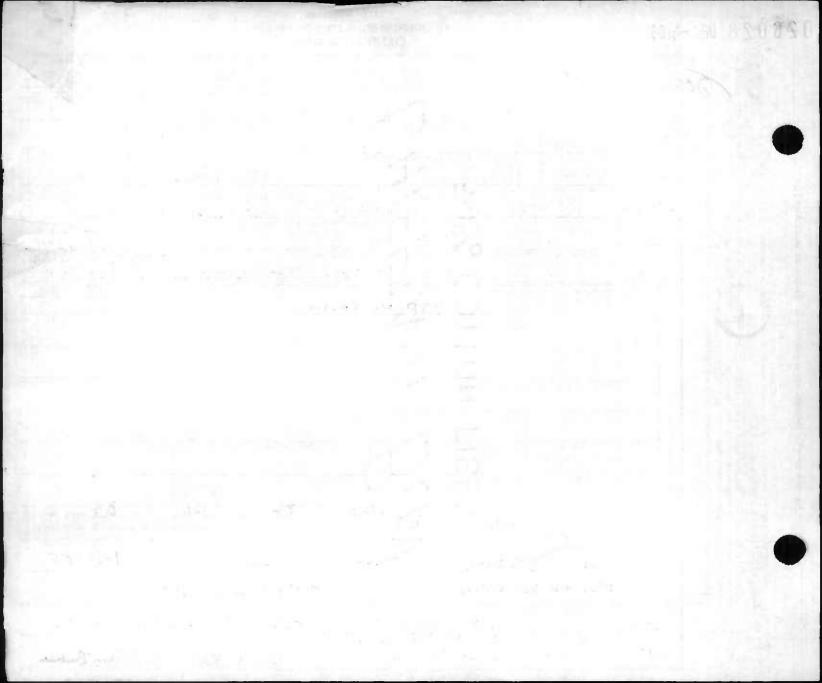
(VRA 15, 4)

24 FUNERAL DIRECTOR DANZANSKY—GOLDBERG MEMORIAL CHAPELS, 25 DNG FREC'D. BY REGISTRAR 25 D. REGISTRAR'S SIGNATURE 1170° Rockville Pike; Rockvilles, Md. 20852

DEC 3 1086 Julia Director Landing Contains Landing C

DEC 3

Julia Dividson Randace



STATE OF MARYLAND

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

-	107	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. 1	10.		10
		OR PRINT)	ILLIA		C.	W	wise	20. DATE OF DEATH	25 E	ملا	405 A
	3. SE)	Male		i. RACE Whi	te	S. DATE C		6 AGE (IN YEARS LAST B		NIHS DAYS	HOURS MIN.
5		RTHPLACE (STATE OR FO		U.S	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY	1-600	FDEATH	Y ME
0	B	TY OR TOWN OF DEA	TH C		HOSPITAL, NURSIN		Hospital	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Lawyer		126 KIND C INDUSTRY Self-	employed
5	130 5		136 COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW Chevy Ch	N	13d. INSIDE CITY LIMITS?	13 4701 ADDRESS	/ ZIP CODE	/2081	5
0	14. FA	William	M	NIDDLE	Wise		15. MOTHER'S MAIDEN NA Mary	ME		Butte	rworth
/		VAS DECEASED EVER I YES, NO OR UNKNOWN)		MED FORCES?	578-54-		Sally F. Wi	se, Same ad		ıs #13	•
		Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN	ediote the lost	(b)		MY OSU	Cardial & REROLIS -	Javetin INAL DISEASE OR COP	NDITION GIVEN	N IN PART 1	0
2	CERTIFICATION	19a DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES		NGS USED S OF DEATH?
7	MEDICAL CER	210. ACCIDENT WAS UNDO	AUSE OF DE AT	Р.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T) OR PART 2)	
	MED	21d. INJURY OCCURR WHILE NOT WHI LAT WORK AT WOR	LE 🗍	(AT HOME ST	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (1) sow the decease above, (1) (we) (d	d olive on_	12/2	5/ 198	76.0	nd that in (my) (our) apinion	deoth occurred on the	dote and hour o	and from the	that (I) (we) lost couses stated
		22h SIGNATURE	wid	Don	Mulle	> h	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	12. DATE	126/86
		HAMID			KHAB,	MD.	6111 EXECU	tive BIVE. 1	Rockin	IE M	20852
		BURIAL, CREMATION, I	REMOVAL	23b. DATE 12/30			emetery or Crematory lohia Mem. Par	23d LOCATION CITY OF TOWN Fraze	er. Peni	COUNTY	STATE

20016

Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave, NW, Washington, D.C.

24. FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

should be detoched fo

Howtgonery lawy hand x 4001 Miles we was 9742 083 <u>-</u> 9622124 dept

STATE OF MARYLAND

DEPARTMENT (OF HEALTH	AND MENTAL	HYGIEN
CER	TIFICATI	OF DEATH	

- STATE REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR -30 26 JOSEP H 4. RACE AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH 1925 Male April Caucasian 61 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED Maryland U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (Type of work for most of working life) INDUSTRY Elect. Engineer D. of Hospital RSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13d INSIDE CITY LIMITS? 13º STREET ADDRESS / ZIP CODE 1215 Arcola Avenue Maryland Montgomery Wheaton 20902 15. MOTHER'S MAIDEN NAME MIDDLE Alice MIDDLE Wenderoth 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? wife same as #13 219-18-4113 Dorothy A. Witte ues APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far 101, (b), and 101
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

NET BUTATICE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS LISED

IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OF TOWN COUNTY NOT WHILE

22a.1 certify that (1) (this haspital) attended, the deceased fram. 17 and that in (My) (aur) apinian death accurred an the date and hour and from the causes stated

saw the deceased dive an abave ((1) we) (did) did not) view the bady after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

22e ADDRESS

(3400

23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

Dec. 30, 1984 Arlington Nat. Arlington Burial Francis J. Collinson Jr.

University Blud, West, Silver Spring

PHYSICIAN DIRECTOR PHYSICIAN

STATE

O FUNERAL

MPORTANT

CERTIFICATION

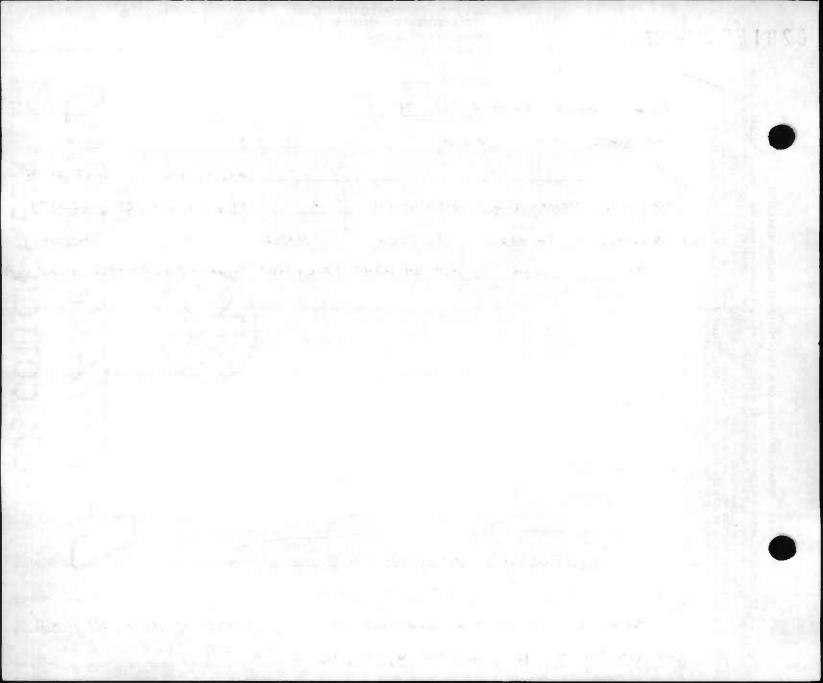
and the second section is Mary of the later that you had not the granger and the first of the second se

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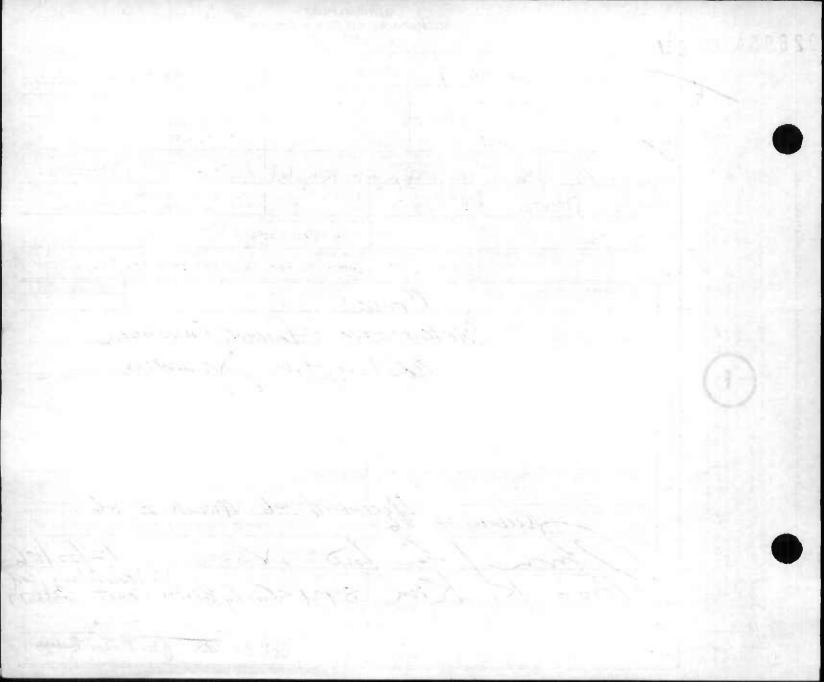
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2895	L JAN -	1 8	FOR - STATE 7 REGISTRAR			DE	PARTMENT O	ATE OF MARYLAND F HEALTH AND MEN IFICATE OF DEA	NTAL HYGI	ENE S C	3 E)	de w
e e	7-5		ECEASED NAME	EIRST	JEON	MIDDLE	u	LAST		20 DATE OF DEATH	MONTH DAY	YEAR /FG	2b HOUR
ge 4 may	4	3. SI	female		RACE orient			E OF BIRTH 12, 1948	YEAR	6 AGE (IN YEARS LAST)	SIRTHDAY) IF MOI	UNDER I YEAR	IF UNDER 24 HRS
deoth. Po	in 72 ha	1	BIRTHPLACE (STATE OR F COUNTRY) Tea	OREIGN 7	U.S.		MAR	RIED X NEVER MAR	RRIED 🗆	Montgom		FDEATH	MD.
101	by the fu	90	OCKUILLE M	ATH 1		ICH FACILITY, GIV	NURSING HOM VE STREET ADDRESS)	St Hos	-1 0	12a USUAL OCCUPA (TYPE OF WORK FOR MOS cashier		126 KIND O INDUSTRY priva	te Co.
AND 212	filled in sould be	Vi	JAL RESIDÊNCE (IF NURS STATE rginia	NG HOME OR CONTROL Fairf	TY	M3c CITY O	e BEFORE ADMISSION OF TOWN	13d. INSIDE CITY YES \(\begin{array}{c} \cdot \	04	13e STREET ADDRESS 9116 Ande		2206	9999
MARYL ed within	and 3 s	1	ATHER'S NAME FIRST O Buen Parl		NIDDLE	LA	AST	Hyo Gue				LAS	т
IMORE,	Pages !	No.	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)		SECURITY NO.			9116 Ande	rson La.	Ft.	Belvoio,V
RDS, 201 W. PRESTON equires that the death ce	signed by the attending historical connection, ar- ingles as other fraumatic	NO	Canditions, if any, gove rise to immediate (a), stating underlying couse	nediate g the lost	(c)_	ME3 DR AS A COM	ISEQUENCE OF A SEQUENCE OF A S	tic &	live	ALDISEDE OR CO	ndica		0.
New r	Sat parmit grand prior	CERTIFICATION	190 DATE OF OPERAT				WHICH OPERA	ION WAS PERFORM		200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY IF YES	NG CAUSES	NGS USED OF DEATH?
DIVISION OF VITAL R ATTENDING PHYSICIAN, The nospital or attending physician	RECTOR: After this certificate ed for use as the buriol-tronsit pt. of Health and Mental Hyginem 21 is marked or Item 18 sharem	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION (IF EITHER NOTIFY MEDIC 21d. INJURY OCCUME AT WORK NOTIFY AT WORK NOTIFY AT WORK AT WORK 22a. I certify that (I) sow the decess obove, (I) WHO I CE	AUSE OF DEAT CAL EXAMINER) RED HILE	HOUR A P 21e PLACE (AT HOME SI	he deceosed	OEFICE FARM ETC	R	19 86	CITY OR , ta LRCosse	town	COUNTY	
TO HOSPITAL OR	TO FUNERAL DIR should be detach with the State Del IMPORTANT: If It		BURIAL, CREMATION,	σ	23b. DATE	1	23c. NAME O	ATTE PHY 72% ADDRESS 2	154	DIRECTOR PHYS	Jan Z	12/ heret	22/86 bug, lad 20877
149 BP	79		urial Uneral Director		12-28		21-27-27-27-27-2	mfort Cem.	25g DATE		ria, Vir	DIS CICKLAT	STATE
Dinini	- 18 60M 7/84 (RA 15, 4)	A	rlington Fu	neral	Home	3901 Ñ	• Fairf	ax Dr.	UEU	30 1900	gulia d	Carden.	Kindall



STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

26	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF D	REG. NO.	DAY Y	EAR	26 HOU	IR
(TYPE	E OR PRINT)	Samue1		E.	W	ool		NOV. 3	30, 19	86	124	51
SEX	Х	4.1	RACE	100	5. DATE	OF BIRTH	6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER	YEAR	IF UNDER	24 H
	Male		Cauca	asian	, Ju	ne 19 1936	50	YR	MONINS	DATS	HOURS	M
	RTHPLACE (STATE OR F	FOREIGN 76	CITIZEN OF	WHAT COU	NTRY? 8.	F NEVER HARRIED F	9 BALTIMORE	CITY OR COU		TH		
	ash. D.C.	200	US	22	WIDOV	IED X NEVER MARRIED WED DIVORCED	1					
CI	ITY OR TOWN OF DEA	ATH 11	. NAME OF	HOSPITAL, N	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OC	CUPATION			BUSINE	_
R	ockville		"1190	2 Hunt	estreet address) ters Lan	е	Store	Owner		iva	te	
30 S	AL RESIDENCE (IF NURS	ING HOME OF OTH		134 CITY O	E BEFORE ADMISSION	1 13d INSIDE CITY LIMITS?	122 STREET AD	DRESS / ZIP C	ODE			
_	rvland	Mont.		Rocky		YES NO D				200	050	
_	ATHER'S NAME	MOII C.		A STATE OF THE PARTY OF		15 MOTHER'S MAIDEN N		Hunters	Lane	201	852	
	FIRST	MID	Die	LA		FIRST		MIDDLE		LAST		
a 1/	Bernard WAS DECEASED EVER	IN II S ADAAE	D FORCES?	Wool	L SECURITY NO.	Bessie 17 INFORMANT		ADDRESS		Laze	er_	
	YES, NO OR UNKNOWN)	(IF YES GIVE W		TOU. SUCIA	L JECOKIIT NO.	IV INFORMAINI			10.31			
	Yes	Peace	time	1579 4	6 4966	Sande Y, Wo	ol (wife	See #	13 Abo			
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only o	one couse pe	er line for (o)	(b), and (c).1	CANCER	,		BET	WEENO	NSET AND	DEA
	Conditions, if ony, gove rise to improve to improve to improve to improve the course the	mediote ng the	(b)_		ISEOUENCE OF							
ALION	gove rise to immouse (a), stating underlying couse PART 2 OTHER SIGN	mediote ng the last	DUE TO, C	OR AS A CON	ISEOUENCE OF	ON WAS PERFORMED					CS LISET	
IFICATION	gove rise to immocouse (a), stating underlying couse	mediote ng the last	DUE TO, C	OR AS A CON	ISEOUENCE OF	ON WAS PERFORMED	20g AUTOPS	5Y? 20b. IF	F YES, WERE F	FINDIN	OF DEAT	H?
EKIIFICATION	gove rise to immove couse to impove couse to a soft of the couse PART 2 OTHER SIGN 19a DATE OF OPERA	mediate ng the lost	(b)	OR AS A CON CONTRIBUTION DITION FOR V	ISEOUENCE OF	ON WAS PERFORMED	20a AUTOPS	206. IF	FYES, WERE F ERTIFYING CA YES	FINDINAUSES (H?
-	gove rise to imma couse (o), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIC OR CONTRIBUTING	mediate ng the lost NIFICANT COL	DUE TO, C (c) NDITIONS C 196 CONE	OR AS A CON	ISEOUENCE OF	ON WAS PERFORMED	20a AUTOPS	206. IF	FYES, WERE F ERTIFYING CA YES	FINDINAUSES (OF DEAT	H?
	gove rise to immercouse (o), stofin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 210 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	mediate g the lost NIFICANT COI TION DERLYING CAUSE OF DEATH CALEXAMINER)	DUE TO, CO (c)	OR AS A CONTRIBUTION OF INJURY OF INJURY OF M. MONT	USEOUENCE OF	ON WAS PERFORMED 21t. HOW INJURY OCCU	20a AUTOPS	206. IF	FYES, WERE F ERTIFYING CA YES	FINDINAUSES (OF DEAT	H?
-	gove rise to immercouse (o), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDII 21d, INJURY OCCURY	mediate ng the lost NIFICANT COI TION DERLYING CAUSE OF DEATH (CAL EXAMINER) RED	DUE TO, CO (c)	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT OF M. SOME	USEQUENCE OF USE TO DEATH BUT WHICH OPERATION OF THE DAY YEAR	ON WAS PERFORMED 21s. HOW INJURY OCCU	200 AUTOPS YES N RRED (ENTER NATUL	206. IF	FYES, WERE F ERTIFYING CA YES	FINDINAUSES (NO [H?
	gove rise to immercouse (o), stofin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 210 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	mediate ng the light light light moderate modera	DUE TO, CO (c)	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT OF M. SOME	ISEOUENCE OF IG TO DEATH BU WHICH OPERATI H DAY YEA	ON WAS PERFORMED 216. HOW INJURY OCCU	200 AUTOPS YES N RRED (ENTER NATUL	20b. IF	F YES, WERE F RTIFYING CA YES A 18 PART LORPA	FINDINAUSES (NO [H?
-	gove rise to immercouse (o), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDII 21d, INJURY OCCURY	mediate mg the mg the line to the mg	DUE TO, C (c)	OR AS A CON ONTRIBUTION OF INJURY A.M. MONT P.M. E OF INJURY IREET FACTORY.	USEQUENCE OF IG TO DEATH BU WHICH OPERATI TH DAY YEA 19 OFFICE FARM ETC.)	ON WAS PERFORMED 21c. HOW INJURY OCCU 21l LOCATION STREET , 19	YES NRRED (ENTER NATUL	20b. IF IN CE RE OF INJURY IN ITEM	F YES, WERE F RTIFYING CA YES	AUSES (NO To	H?
-	gove rise to imm couse (70), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING (15 EITHER NOTHY MEDIL WHILE NOTHY AT WOR AT WOR 22a 1 certify that (1) sow the decease	mediate 19 the 10st NIFICANT COL TION DERLYING CAUSE OF DEATH CALEXAMINER RED (this hospital) ed aftive on cause of conservations.	DUE TO, CO (c)	OR AS A CON CONTRIBUTION DITION FOR V OF INJURY A.M. MONT P.M. OF INJURY TREET FACTORY, the deceased	USEQUENCE OF IG TO DEATH BU WHICH OPERATI TH DAY YEA 19 OFFICE FARM ETC.)	ON WAS PERFORMED 21t. HOW INJURY OCCU 211 LOCATION STREET	YES NRRED (ENTER NATUL	20b. IF IN CE RE OF INJURY IN ITEM	F YES, WERE F RTIFYING CA YES	AUSES (NO To	H?
-	gove rise to imm couse (o), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA: 21a ACCIDENT WAS UNDOR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUMAT WORK NOTIFY WORK AT WORK NOTIFY that (I)	mediate 19 the 10st NIFICANT COL TION DERLYING CAUSE OF DEATH CALEXAMINER RED (this hospital) ed aftive on cause of conservations.	DUE TO, CO (c)	OR AS A CON CONTRIBUTION DITION FOR V OF INJURY A.M. MONT P.M. OF INJURY TREET FACTORY, the deceased	USEQUENCE OF USE TO DEATH BUT WHICH OPERATI TH DAY YEA 19 OFFICE FARM ETC.) from 19	ON WAS PERFORMED 21c. HOW INJURY OCCU 211 LOCATION STREET , 19 and that in (my) (our) opinion DEGREE	YES NRRED (ENTER NATUL	20b. IF IN CE RE OF INJURY IN ITEM	FYES, WERE FERTIFYING CA YES A 18 PART LORPA COUN	FINDING AUSES (NO To	H?
MEDICAL CERTIFICATION	gove rise to immediate to immediate to immediate to storm underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIOR CONTRIBUTING COURT CIF EITHER NOTHY MEDIA 21d INJURY OCCURT WHILE NOT WHAT WORK NOT WAS AT WO 220 1 certify that (1) saw the decessed obove, (1) (we) (5) (1) (we) (5)	mediate 19 the 10st NIFICANT COL TION DERLYING CAUSE OF DEATH CALEXAMINER RED (this hospital) ed aftive on cause of conservations.	DUE TO, CO (c)	OR AS A CON CONTRIBUTION DITION FOR V OF INJURY A.M. MONT P.M. OF INJURY TREET FACTORY, the deceased	USEQUENCE OF IG TO DEATH BU WHICH OPERATI TH DAY YEA 19 OFFICE FARM ETC.)	ON WAS PERFORMED 21c. HOW INJURY OCCU 211 LOCATION STREET 19 ond that in (my) (our) opinion DEGREE ATTENDING	Z00 AUTOP: YES N RRED (ENTER NATUL n depth occurred of	20b. IF NO BIN CE NO BIN C	F YES, WERE FERTIFYING CA YES A 18 PART LORPH COUNTY 19 hour and Ira	FINDINAUSES (ART 2) NIY the mathe company the compa	S hot (I) (vouses sto	TATE
-	gove rise to immediate to immediate to immediate to storm underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIOR CONTRIBUTING COURT CIF EITHER NOTHY MEDIA 21d INJURY OCCURT WHILE NOT WHAT WORK NOT WAS AT WO 220 1 certify that (1) saw the decessed obove, (1) (we) (5) (1) (we) (5)	mediate 19 the 10st NIFICANT COL TION DERLYING CAUSE OF DEATH CALEXAMINER RED (this hospital) ed after on did (did not) w	DUE TO, CO (c) 196 CONE 216. TIME (HOUR A P 21e PLACE (AT HOME SI) ottended to	OR AS A CON CONTRIBUTION DITION FOR V OF INJURY A.M. MONT P.M. OF INJURY TREET FACTORY, the deceased	USEQUENCE OF USE TO DEATH BUT WHICH OPERATI TH DAY YEA 19 OFFICE FARM ETC.) from 19	ON WAS PERFORMED 21c. HOW INJURY OCCU 211 LOCATION STREET 19 ond that in (my) (our) opinion DEGREE ATTENDING	20e AUTOP: YES	20b. IF NO BIN CE NO BIN C	YES, WERE FERTIFYING CA	FINDINAUSES (ART 2) NIY the mathe company the compa	of DEAT NO To the total of the	TATE
-	gove rise to imm couse (a), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA: 21a ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDIL 21d. INJURY OCCUR! WHILE NOT WHAT WORK AFWO 22a 1 certify that (I) saw the decessed obove, (I) (we) (a) 22b SIGNATURE	DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital ed alive on did) (did not) v	DUE TO, CO (c) 196 CONE 216. TIME (HOUR A P 21e PLACE (AT HOME SI) ottended to	OR AS A CON CONTRIBUTION DITION FOR V OF INJURY A.M. MONT P.M. OF INJURY TREET FACTORY, the deceased	USEQUENCE OF USE TO DEATH BUT WHICH OPERATI TH DAY YEA 19 OFFICE FARM ETC.) from 19	211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	YES N RRED (ENTER NATUL , 10	20b. IF NO BIN CE NO BIN C	YES, WERE FERTIFYING CA YES A 18 PART LORPH COUNTY 19 hour and Ira	FINDINAUSES (ART 2) NIY the mathe company the compa	of DEAT NO [6]	TATE
MEDICAL	gove rise to imm couse (70), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA: 21a, ACCIDENT WAS UNIT OR CONTRIBUTING (1) (IF ETHER NOTIFY MEDIL WHILE NOTIFY MEDIL 27a 1 certify that (1) sow the decease obove, (1) (we) (2) 27b SIGNATURE	mediate ng the ng the is lost NIFICANT COL TION DERLYING CAUSE OF DEATH (CAL EXAMINER) RED (this hospital) ed alive on did) (did not) v MAME (Type graps	DUE TO, CO (c) 196 CONE 216. TIME (HOUR A P 21e PLACE (AT HOME SI) ottended to	OR AS A CON CONTRIBUTION DITION FOR V OF INJURY A.M. MONT P.M. OF INJURY TREET FACTORY, the deceased	USEQUENCE OF IG TO DEATH BU WHICH OPERATI TH DAY YEA 19 OFFICE FARM ETC.) Trom 19 M M M M M M M M M M M M M	211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOP: YES N RRED (ENTER NATUL , 10	200. IF NO DINCE NO DIN NO DINCE NO DINCE NO DINCE NO DINCE NO DINCE NO DIN	YES, WERE FERTIFYING CA YES A 18 PART I ORPA LOUN 19 Hour and Ira	ART 2) ART 2) Om the c	hot (I) (vouses sto	H?

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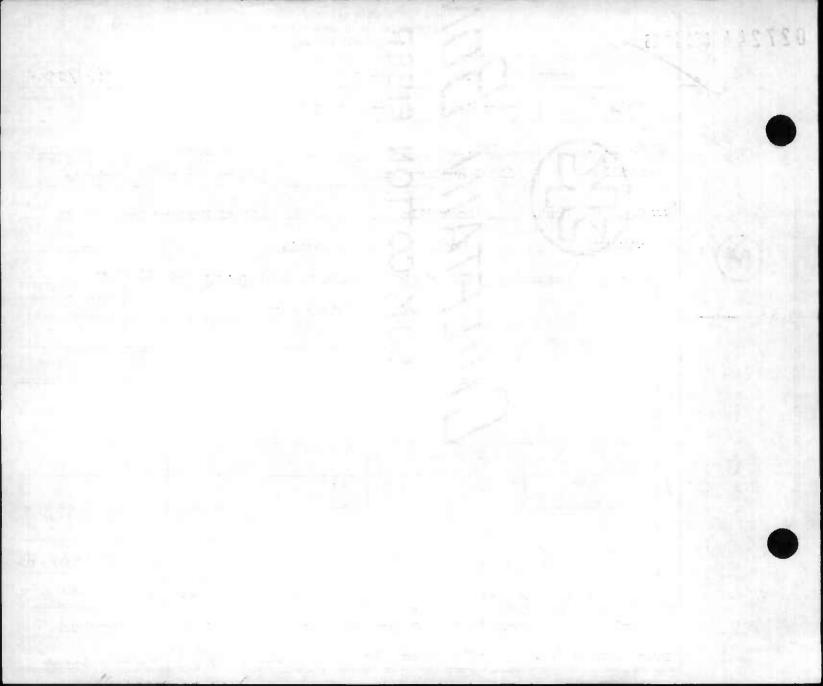
retained by the hospital or attending physician.

IMPORTANT: If them 21 is marked acritem 18 shows any injury, or other traumatic evest, in

Ives-Pearson F.H.

Falls Church, Va

1986 Hulia Davidson Randales



FOR - STATE REGISTRAR

DECEASED NAME

FEMALE

DOROTHY

4 RACE

WHITE

E.

STATE OF MARYLAND

LAST

WOOTTON

MONTH DAY YEAR

5. DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.					
	DECEMBER 7, 19	86		YEAR	26 HOU 10	R P :25 _M
	6. AGE (IN YEARS LAST BIRTHDAY)	1F	UNDE	RIYEAR	IF UNDER	24 HRS
	77 YRS.	MO	NTHS	DAYS	HOUR5	MIN.
7	9 BALTIMORE CITY OR COUNT	Y O	F DE	ATH		
	MONTGOMERY					MD.
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IFE)	12b 1219	KINDO	F BUSINE	

١	/		JOLY	23, 1909	177	YRS.		
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF	WHAT COUNTRY? 8. MARRIE WIDOWE		9 BALTIMORE CITY MONTG		FDEATH	٨
1	SILVER SPRING		HOSPITAL, NURSING HOME C ARYMONT ROAD	dr other institution	120 USUAL OCCUPA (TYPE OF WORKER MOST		BARBER	
7	SUAL RESIDENCE (IF NURSING HOME O 13a. STATE 13b. COU MD • MON	NTY	GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN BURTONSVILLE	134 INSIDE CITY LIMITS?	3104 SPEN	ZIP CODE	E RD.	20866
1	4. FATHER'S NAME EDWARD -	MIDDLE JO	HNSON	15 MOTHER'S MAIDEN NA. MARGARET		HARDI	NG LAST	
	(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECURITY NO. 578-40-3522	DOROTHY JEAN	COLLINS		ER SPRII #11 20	NG, MI 0906
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDIA	nly one cause pe ED BY: TE CAUSE (a)	(1)0(0)				APPROXIMA BETWEEN ON!	
	Conditions, if ony, which	DUE TO, C	R AS A CONSEQUENCE OF	MIC CANCI	2~		3 0	05
gove rise to immediate cause (a), stating the underlying cause last.		DUE TO, C	R AS A CONSEQUENCE OF	na of l	erenus			
	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CO			
1	19a DATE OF OPERATION	19L COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDING	SUSED

IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 2H. LOCATION 21e. PLACE OF INJURY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

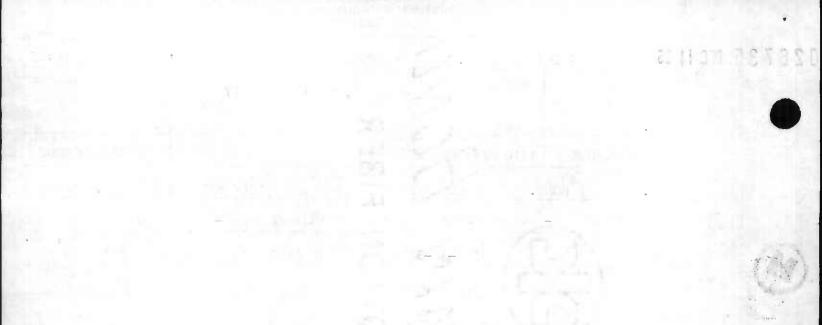
22. A CONTROL OF THE PROPERTY	9 /24 10 86 10 10	-/7 19 56 that (I) (we) la
22a. i certify that (i) (this haspital) attended the deceosed fro	, 17, 10	, II (We) II
saw the deceased alive an NOY 21 above, (1) (we) (did) (did not) view the bady after death.	9, and that in (my) (our) opinian death occurred an th	ne date and haur and from the causes stated
22b. SIGNATUR	DEGREE	22c. DATE SIGNED
Stonley a. Schwal	ATTENDING MEDICAL PHYSICIAN DIRECTOR PH	STAFF YSICIAN / L/F/FC
224 PHYSICIAN'S NAME (TYPE OF PRINT)	77¢ ADDRESS	

SCHWAND nn STANUE

230 BURIAL, CREMATION, REMOVAL BURIAL DEC. 10, 1986 23d. LOCATION MD. STATE BURTONSVILLE MONT.

24. FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

DHMH - 16 60M 7/84 (VRA 15, 4)



CTATE OF MADVIAND

		J	. 01 111	AIT 0 1		
DEP	ARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
	CE	RTIF	ICATE	OF	DEATH	
			The same of the sa	_		1.

CERTIFICATE OF DEATH	REG. NO.			-	
LAST	20 DATE OF DEATH MONTH	DAY	/ YEAR	26 HOL	JR .
YABLONOVITZ	11/3	26/	86	6	A.
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UND	ERIVEAR	IF UNDER	24 HRS
March 5, 1900	86 YRS	MONTH	DAYS	HOUR5	MIN
TDV2 0	TO DALTIMODE CITY OF COUNT	VOCD	EATH		

To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUN MARRIED NEVER MARRIED COUNTRY Russia WIDOWEDX DIVORCED

Caucasian

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Housewife Hebrew Home of Greater Washington 13e STREET ADDRESS / ZIP CODE 12000 Old Georgetown Road

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY Montgomery Rockville Maryland

4 RACE

OLLIE

15 MOTHER'S MAIDEN NAME

13d INSIDE CITY LIMITS?

(unknown)

Fannie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Silver Spring, Md. Shirley Willner; 15310 Beaverbrook Court 058-24-3334A No

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic

I-AILURE IMMEDIATE CAUSE (a)

DeLeon

HEART DISCASE

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

19a DATE OF OPERATION

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

COUNTY

OME-HALF HOU

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

PART I. DEATH WAS CAUSED BY.

Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse

> 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

211 LOCATION

AT HOME STREET FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended they deceased from sow the deceased alive on

above, (1) (wer (did) (did, not i view the body after death

DEGREE ATTENDING 22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME TTYPE OR PRINT

230. BURIAL, CREMATION, REMOVAL Burial

23b DATE 11-28-1986

231 NAME OF CEMETERY OR CREMATORY Judean Memorial Gardens

23d. LOCATION Olney, Maryland

STATE

24 FUNERAL DIRECTOR

- STATE REGISTRAR DECEASED NAME TYPE OR PRINTI

Female

10 CITY OR TOWN OF DEATH

FIRST

Max

Rockville

4 FATHER'S NAME

CERTIFICATION

MEDICAL

3. SEX

Danzansky-Goldberg Chapels: 1170 Rockville Pike

Rockville, Maryland 25a, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

NOX

and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

DHMH - 16 60M 7/84

hould be detoched for use as

Hygi

morked or

MPORTANT:

(VRA 15, 4)

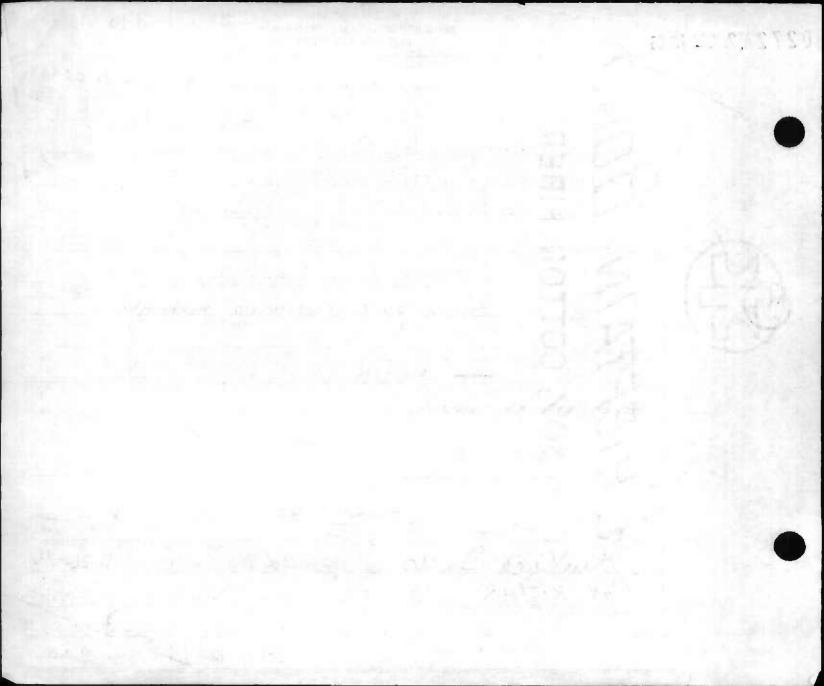
STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

6	3	6		1	
	0	9	1.0	Ca	iden
BEC NO					

TOP OF THE CONTRACT	DEPARTA	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		REG. NO.	0006.
I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE C		DAY YEAR 2b. HOUR
Orazio	G	_ Zappala		Mary	26 86 0230
1 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7.77		MONTH DAY	YEAR (MONTHS DAYS HOURS MIN.
Male 70. BIRTHPLACE STATE OR FOREIGN	Caucasian 7b. CITIZEN OF WHAT COUNTRY?	10 16	17 0	7 YRS	OFFICATIV
COUNTRY)		MARRIED NEVER MAR	RIED 🔲	ORE CITY OR COUNTY	OFDEATH
New York	U.S.A.			tgomery	M
10. CITY OR TOWN OF DEATH TAKOMA PARK	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Washington Adve	address) entist Hospita	Aero	occupation nautical king lif gineer —	126. KIND OF BUSINESS O INDUSTRY
13a. STATE 13b. COUN	TOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130, CITY OR TOW JOMERY SILVER S	'N 13d INSIDE CITY I	A	ADDRESS / ZIP CODE I Matey Roa	d 20906
14. FATHER'S NAME		15. MOTHER'S MA			
Francesco	Zappala	Grazi	а	MIDDLE	Carnazza
160 WAS DECEASED EVER IN U.S. AR				ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 117-01-		Zappala	wife sa	me as #13
PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION	conditions CONTRIBUTING TO I	DEATH BUT NOT RELATED TO		OPSY? 20b. IF YES	EN IN PART 110 , WERE FINDINGS USED YING CAUSES OF DEATH?
			YES 🗌	NO YE	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19	Y OCCURRED (ENTER N	IATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	PARM ETC) 21f LOCATION STREET		CITY OR TOWN	COUNTY STATE
A) WORK	. 1)	January	9.82 to	11-76	10 86 that (1) (10 10)
220 I certify that This haspi	19	B , and that in my jour		ed an the date and have	and from the causes stated
22a L certify that (1) his haspi saw the daceased alive on above (1) [see] (did) (did no	11-25	DEGREE ATTE PHYS) apinion death accurr		
220 I certify that This haspi	view the body after death.	DEGREE ATTE PHY: 122e. ADDRESS 12520 PM	nding Amedical Sician Source	staff PHYSICIAN Dr. #150, Sil	and from the causes stated
22a L certify that This haspi saw the daceased alive on above (1) (see) (did) (did no	view the body ofter death. 23b. DATE 23c. 19	DEGREE ATTE PHY: 22. ADDRESS 12520 PA NAME OF CEMETERY OR CREA	nding Medical NDING MEDICAL ND	STAFF PHYSICIAN Or. #150, Sil	22c. DATE SIGNED 1-26-8 Ever Spring, M
22a L certify that (II) his haspi saw the daceased alive on obave (II) we) (did) (and no 22L SIGNATUR 22L PHYSICAN S NAME (IIII)	view the body ofter death. 23b. DATE 23c. 19	DEGREE ATTE PHY: 122e. ADDRESS 12520 PM	nding Medical NDING MEDICAL ND	STAFF PHYSICIAN Or. #150, Sil	226. DATE SIGNED 1-26-8 Ever Spring, N

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use dis with the State Dept, of Health TO FUNERAL DIRECTOR



0	2.9	53	3	J
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND A1201	TO MOSPITAL OR ATTENDING PHYSICIAN: The low require that the reath certificate be executed within 24 hoursands denote the may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by will attending physician and completely filled in by the funeral arrector, page 3 should be detached for use as the burnol-transit permit. Then please remove corban papers, Pages 3 and 2 should be	with the State Dept. of Health and Mental Hygiene prior to Burial, cremation, or remayol.

10 T FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AN T	7 07	REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. NO.			-1	
		CEASED NAME	FIRST	M	IDDLE	i	AST .		20 DATE OF		DAY	YEAR	26 HOUR	
	(114)	CORPRINT	Olga		М.	Zat	tor		Dec	ember	31	1986	1:55pm	
	3. SE	Х		I. RACE		5. DATE C			6 AGE LINYE	ARS LAST BIRTHDAY)	MON	INDER I YEAR	IF UNDER 24 HR5	
		female		Caucasia	an	Marc		1896	90	Y	RS.	THS DAYS	HOURS MIN	
3/10		IRTHPLACE (STATE O	R FOREIGN 7	L CITIZEN OF V	VHAT COUNTRY?	8	D NEVER MA	anico []	9 BALTIMOI	RE CITY OR COL	JNTY OF	DEATH		
101	N	lew York		U.S.A.		WIDOWE		DRCED []	Mont	gomeru			MD.	
37.	10 C	ITY OR TOWN OF D	EATH		OSPITAL, NURSIN	IG HOME C		UTION	120 USUAL C	CCUPATION FOR MOST OF WORK		12b. KIND OI	F BUSINESS OR	
2//	Ta	ikoma Park			igton Adi		t Hospi	tal	Homem		ING LIFE)	Homem	aker	
5		AL RESIDENCE (IF NO	RSING HOME OR O	THER INSTITUTION		E ADMISSION)	13d. INSIDE CIT			DDRESS / ZIP (CODE		783	
3		ruland			es Hyatt	sville	YES I	40 []	7333	New Ham	oshir			
ine	14. F.	ATHER'S NAME					15. MOTHER'S	MAIDEN NA						
604		Adolf	N	NDDTE	Engelma	ann	Mari	est .e.		WIDDIE		Diet	7	
100		WAS DECEASED EVE			166. SOCIAL SECU		17 INFORMAN	T		ADDRESS		******	_	
med	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	072-26-	6161	Marie C	. Scro	gham	daughte	er l	same a		
t, th		18. CAUSE OF DEA	TH (Enter only	one cause per l	line far (o) (b), an	id (c).)		0				APPROXE BETWEEN C	MATE INTERVAL	
even	2	PART I. DEATH		CAUSE (o)	(2	cer	7	a / Re	perso	my For	ne	4		
otic		712		DUE TO, OR	AS-A CONSEQU	ENCE OF				,				
uno.		Conditions, if an		((b)	acut	44	arone	ران	vino	ho-				
		gave rise to in cause (a), sta	ting the	DUE TO, OR	AS_A_CONSEQU	ENTE OF	_0 .		0-					
to .		underlying cau	se lost.	((c)	Fee	dus	occ	20	29					
٠,٧	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART									IN PART TO				
2	CERTIFICATION													
5	ICA	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? 200 IF YES, WERE FIND IN CERTIFYING CAUSE					
à de	RTIF								YES 🗌	ио 🗸	YES [NO []	
183		210, ACCIDENT WAS U	_	HOUR A.A		AY YEAR	21c HOW INJ	JRY OCCURE	RED (ENTERNAT	TURE OF INJURY IN ITE	M 18 PART	OR PART 2)		
#	CAI	(IF EITHER, NOTIFY ME	DICAL EXAMINER)	P.A		19								
Ö	MEDICAL	21d. INJURY OCCU		(AT HOME STRE	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC)	21f LOCATION	4		CITY OR TOWN		COUNTY	STATE	
s a	1	AT WORK NOT	WHILE ORK											
is morked or		22a 1 certify that		of attended the	deceased from_	2	C19	, 19	2 , to	75-31	. 19		that (I) (we) last	
W 9		saw the deced obove, (I) (we)	sed olive on (did) (did not	view the body	ofter death	or or	id that in (my) (our) opinion (deoth occurred	d on the date and	d hour an	d from the	couses stoted	
# # /		22b. SIGNATURE		10	1 0		DEGREE	TT. 10				22c. DATE	SIGNED	
±		145	حك	rel	my h	5	PH	TENDING HYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN []	Jan.	1, 1987	
PORTANT		22d. PHYSIC AMS	MAME THE OR	ts 13	ABKL	N	22e ADDRESS	1	7			0		
O L		1019	un	vo ISL	rd E	X	Selis	my &	my	m	ory	Yerzel	1 2090	
<	0.0			1	1 00	11115 05 0			1001100	TION		V		

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

234. NAME OF CEMETERY OR CREMATORY) 23d LOCATION CITY OR TOWN

Metropolitan Crematory Alexandria Virginia

Th. 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

6 1987

1987

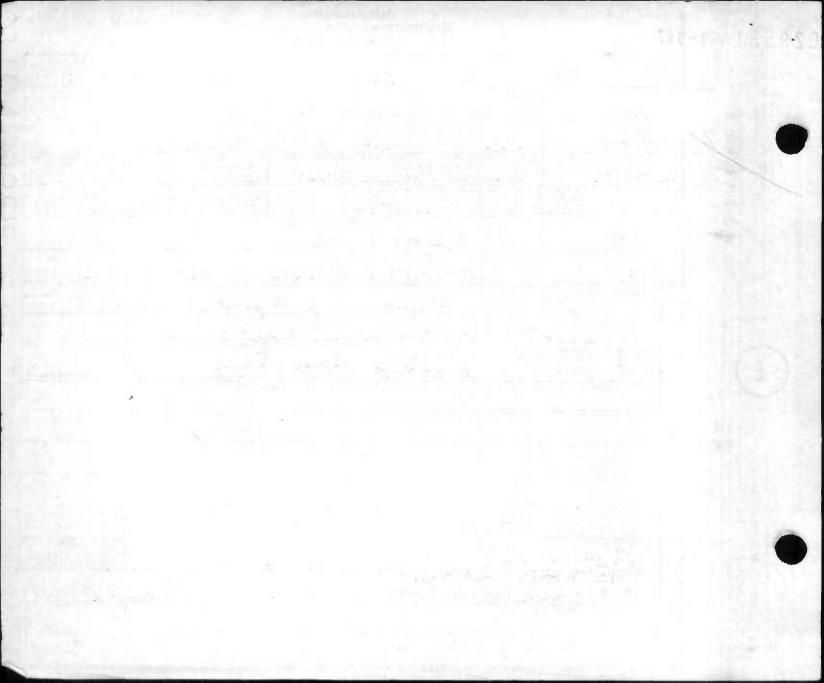
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR Francis J. Collins Jr.

23b. DATE

West. Silver Spring 500 University Blvd.



BP

DHMH - 16 60M 7/84

(VRA 15, 4)

University Blud

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 3. 6

J.	111 -	RECESTRAN			CERTIF	ICATE OF DEATH	REG. N	0.			
	I. DEC	EASED NAME	M	HD9/5	L	AST (20 DATE OF DEATH		YEAR .	2h HOUR	
7	{14PE	ORPRINT) TO NY	1	K	4	ZINN	12 123	3 186		230	Ku
	3. SEX	1.	4. RACE	10	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 H	ARS
		Male	Whi	Te	MONIE	27 YEAR 5	1 71	YRS.	THIS DATE		
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH		
		renn	N>	17	WIDOWE		Montgome				MD.
7	10. CI	Y OR TOWN OF DEATH		OSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	FBUSINESS	
)	51	her spring	HOLU C	1055	4001	9	Bricklayer		Brick	laying	
5	USUA 13a. S	LERESIDENCE (IF MURSIMA MOME OF TATE)	PROTHER INSTITUTION	13c. CITY OR TO	ore Admissions WN Ington	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	THAT'S	025	48.74	
0	14. FA	THER'S NAME John	WIDDLE	Zinn	,	15 MOTHER'S MAIDEN NA Naomi	ME		Borti	ner	
1		AS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	ESS			
	(Y	ES, NO OR UNKNOWN) (# YES, G	RMED FORCES?	579-05-	3212	Louise B. Zi	nn wife	same	as #1.	3	100
		18 CAUSE OF DEATH (Enter of	only one cause per	line for 1, (b),	and (c).y	- n			APPROXU BETWEEN C	MATE INTERVAL ONSET AND DEA	ATH.
		DUE TO, OR AS CONSEQUENCE OF								d	
Н										0	
	Conditions, il ony, which (b) Neumonia / Emplema								2	α	
		couse (a), stating the underlying couse lost.	DUE TO, OF	AS A CONSEO	UENCE OF		•		18	neo	1
			(c)		EUTING TODEATH PUT NOTIRELATED TO THE TERMINAL DISEASE OR				1		==
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO		DEATH OUT	CO DELOS	AINAL DISEASE OR COD	IDITION GIVEN		,	
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHIC	OPERATIO	N WAS PERFORMED	AUTOPSY?	IN CERTIFYI	WERE FINDIN	OF DEATH?	
~	RTIF	- Accepted was an order	21b. TIME O	F INTINITY		21c HOW INJURY OCCUR	YES NO	YES		NO 🗌	
A		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LICHED A	M. MONTH	DAY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	I ORPARI 2)		
/-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.I		19	211 LOCATION					-
	MED	WHILE NOT WHILE [EET, FACTORY, OFFIC	E, FARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE	E
		22a.1 certify that (f) (this hos	nutral) attanded the	a deceased lean		7/ 10 8/2	to Doc 23	3 19	86	that (I) (we)	Inst
		sow the deceased alive a	vec.	2.5 19	Y /a	nd that in (my) (our) opinion		late and hour a		, , ,	
	1 9	above, (1) (we) (did) (did i 22) SIGNATURE	nat) view the body	olter deoth.		DEGREE			22c DATE	SIGNED	
		Ketter She	res		ı	MY ATTENDING PHYSICIAN	MEDICAL STA		Dec.	24, 1	1986
1		THY SKIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	10 00 1	1	.1	1	
		reter sh	6262	(MY)		3947 ter	rard Ar.	Whee	rton	ha	
		SURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	E
		Burial				on Cemetery	Rockville	Montg	omery	Marylo	ind
14	24 FL	INERAL DIRECTOR Fran	cis J. Co	ollingons	Jr.		JAN 5 198	ZDB. R. G. SARA	DEPEND	Manda	
	50	O University R	Pud Wes	t Silve	on Spri	ina. Md.	ואנו ביוואנ				

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